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Volume 5

FORM 90

A Structured Assessment Interview for Drinking and Related Behaviors

Test Manual

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FOREWORD

This volume of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) Project MATCH Monograph Series should prove of particular value to the alcoholism treatment and research communities since it introduces Form 90, a series of well-constructed instruments to assess alcohol consumption. Although alcoholism is characterized by additional factors such as adverse physical and psychological effects of drinking as well as dependence on alcohol, the cardinal feature of the problem involves excessive or inappropriate use. Hence, accurate measurement of drinking behavior is of vital interest. Further, precise measurement of ethanol consumption itself is important, since many medical and legal consequences of drinking are specifically associated with use patterns. Finally, assessment of alcohol consumption is of primary importance in evaluating treatment efficacy.

While there are many ways to assess alcohol consumption, and each may be particularly appropriate for a specific purpose, the strategy employed by Form 90 offers unique advantages. Continuous recording of alcohol use provides more objective and sensitive indices of behavioral change than do summary measures of drinking or scores associated with most other dimensions of the problem. In light of this, the two primary outcome variables for Project MATCH were derived from Form 90 data. In addition, the software supporting Form 90 computes a wide variety of statistical data that can be employed in a range of clinical and research settings.

Form 90 is a family of related instruments that generate both baseline and followup information as well as gather data from informants. Beyond incorporating sequential drinking information, Form 90 collects data on other important facets of patient functioning. These include concurrent use of drugs, experience with medical and psychological treatments, and lifestyle activities such as work and school involvement, religious participation, and residential status. The large multisite sample enrolled in Project MATCH allowed derivation of robust, stable psychometric indices for Form 90.

In short, Form 90 has played a major role in Project MATCH; dissemination of the information in this volume will facilitate transfer of Form 90 to other research projects as well as to treatment endeavors. The sincere appreciation of NIAAA, the alcohol research community,

and alcoholism treatment practitioners go to all those from the MATCH investigational team who developed Form 90. Their contribution will doubtless enrich the field and ultimately enhance outcomes from interventions designed to treat alcoholism.

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Overview

Form 90 is a family of assessment interview instruments designed to provide primary dependent measures of alcohol consumption and related variables. It is a structured interview procedure that yields quantitative indices of alcohol consumption during a specified period of time. The same interview format is used for pretreatment evaluation and for followup assessment, although instructions vary slightly and separate forms are used at intake and followup.

The retrospective assessment "window" being queried is variable at both intake and followups. At intake, the window begins 89 days before the client's last drink (with the last day of drinking being the 90th day) and extends through the day before the interview for outpatients, or through the day before admission for inpatients. At followup, the window extends from the day of the preceding interview to the day before the current interview, allowing for variations in assessment windows due to scheduling.

The desired result is a continuous daily record of drinking and documentation of related variables from a 90-day baseline period through the last followup point.* An experienced interviewer will be able to complete this interview in less than 45 minutes on average, though complicated drinking patterns, talkative respondents, and larger assessment windows can take longer. A totally abstinent client at followup, on the other hand, may require only 10–15 minutes. Across 1,726 intake interviews conducted in a major clinical trial, the average length of time required for administration of the full Form 90–AI (client intake interview) was 41 minutes.

History and Description

The Form 90 family of instruments was originally developed for use in Project MATCH, a multisite clinical trial of three psychological treatments for alcohol abuse and dependence, funded by the National Institute on Alcohol Abuse and Alcoholism. This team of 23 collaborat-

*For other applications, it may be desirable to sample a fixed period of time (e.g., the prior 90 days) at all assessment points. This simplifies data entry and analysis but leaves gaps of varying length between (or in some cases, overlapping) records. Form 90 is adaptable to either approach, and choice of strategy should be guided by the types of analyses anticipated (e.g., time-to-event analyses).

ing investigators, known as the Project MATCH Research Group (1993), set out to develop a hybrid approach combining the strengths of several prior strategies (Miller and Del Boca 1994).

A calendar base is used as in the timeline followback method (Sobell et al. 1980; Sobell and Sobell 1992), but a broader range of behavior is quantified in greater detail than in prior timelines. To streamline the detailed reconstruction of drinking, recurrent weekly and episodic patterns are quantified in grid format, as in the Drinker Profile (Miller and Marlatt 1984), and these grids are then folded into the calendar. Finally, other variables of interest (treatment services, medications, work and education, self-help group attendance, and other drug use) were selected from and defined in a manner similar to the Addiction Severity Index and Treatment Services Review of McLellan et al. (1990).

A parallel form was constructed for collateral interviews to obtain corroborating data. Both client and collateral interviews can be conducted by telephone as well as in person, although telephone interviews pose special challenges. The difficulties involved in telephone reconstruction of a calendar make it highly desirable that as many client interviews as possible be conducted in person. In cases where only brief telephone contact may be possible at followup, a much abbreviated form is used to obtain the most crucial outcome information before attempting the longer interview. The Form 90 family thus comprises five instruments:

- 90–AI Client intake interview (in person)
- 90–AF Client followup interview (in person)
- 90–AT Client followup interview (by telephone)
- 90–AQ Quick client followup interview
- 90–ACS Collateral interview (intake or followup, usually by telephone)

This version of the Form 90 manual and instruments has been modified based on experience in Project MATCH. An archival version of the instruments and manual, exactly as used in Project MATCH, is available.* MATCH-specific instructions have been removed from the current version in order to provide instruments appropriate for more general use. Changes in format have also been made to facilitate administration, reduce time demands, and improve data management.

*Contact Thomas Babor, Ph.D., University of Connecticut Health Center, Department of Psychiatry, 263 Farmington Avenue, Farmington, CT 06030-1410.

Because interviewer computations are error prone, we have shifted the protocols away from hand calculations. Available software packages for data entry and automatic variable calculation are described at the end of this chapter. The collateral interview (Form 90–ACS) contained in this manual is a simplified version developed for 3-year followups in Project MATCH. This was substituted because the more detailed 90–AC was found to be unduly laborious for both interviewers and collaterals, and the simpler global questions suffice for most purposes.

Other changes could be made, but we elected to retain the original format to maintain comparability with the national data base collected in Project MATCH, which offers a large treatment sample against which other samples can be compared (Tonigan et al. 1997). One such change that was considered but rejected was replacing the steady pattern grid with a simpler timeline calendar (e.g., Sobell and Sobell 1994). The grid was retained as an option because completion of a timeline calendar frequently involves ascertaining consistent patterns, and the grid offers a structured method for doing so. Interviewers may choose to bypass the grid method depending upon the nature of the client's drinking behavior. In either approach, the desired end product is a continuous calendar. The Form 90 procedures provide a degree of flexibility as the interviewer adapts to varying drinking styles and, as reported below and elsewhere (e.g., Tonigan et al. 1997), yield reliable estimates of drinking variables.

Limitations

Some caveats are important to consider regarding the Form 90. Both the primary strengths and the weaknesses of Form 90 have to do with its complexity. A range of detailed information is collected, which necessarily increases the likelihood of measurement error. Although current psychometric data generally reflect excellent reliability and validity of Form 90, these data were obtained by interviewers who were highly trained, certified, and closely supervised throughout the Project MATCH trial. It has been our experience that without such training, the reliability of Form 90 data is likely to be seriously compromised.

Before embarking on the use of an extensive and time-intensive interview such as this, it is prudent to ask whether information of this complexity is required. Alternative reliable and straightforward alcohol-focused timeline instruments are available (e.g., Sobell and Sobell 1994). A simpler quantity-frequency approach may yield sufficiently comparable global measures to meet some assessment needs (Grant et al. 1995). It seems unlikely, for example, that an interview of this complexity would be optimal for routine clinical assessment purposes. Form 90 was designed for use in complex clinical research to yield a range of outcome and mediating variables amenable to a variety of data analytic strategies. When data with this degree of breadth and resolution are needed, use of the Form 90 family of instruments is recommended.

Statistics Available From Form 90

A wide variety of statistical variables can be derived from the Form 90 interview. For example, the following variables can be computed from the drinking calendar:

- Total number of standard drinks (SECs) consumed (Note: U.S. ounces of absolute ethanol consumed can be calculated by halving the number of SECs)
- Total number and percentage of abstinent days and drinking days
- Average number of SECs per drinking day
- Total number and percentage of days in specific consumption categories such as:
  - 0.1–2.0 SECs
  - 2.1–4.0 SECs
  - 4.1–6.0 SECs
  - Over 6.0 SECs
- The peak intoxication (BAC) level for each assessment period, or average BAC level throughout the assessment period
- Time to events such as the first drink or first heavy drinking day
- Longest span of abstinence

When the Form 90 interview is properly administered, sufficiently complete information will be obtained to compute these summary statistics. In Project MATCH, of 1,726 interviews completed at intake, only 5 protocols yielded insufficient data to calculate summary data of weekly alcohol consumption. Other variables commonly of interest can also be derived from Form 90, including:

- Days and categories of health care utilization
- Days of additional treatment received for alcohol/drug problems
- Days of 12-step group (e.g., Alcoholics Anonymous) attendance and religious attendance

- Days employed or in school
- Lifetime and recent use of other drugs in 11 categories
- Days of medication use

Psychometric Properties of Form 90

The design and findings of psychometric evaluations of Form 90 in Project MATCH have been reported in detail elsewhere (Del Boca et al. 1994; Tonigan et al. 1997). Test-retest reliability in three samples was found to be excellent for core alcohol variables including total consumption (r = 0.91 to 0.97), drinks per drinking day (r = 0.88 to 0.93), percent days abstinent (r = 0.96 to 0.98), and percent heavy drinking days (r = 0.92 to 0.97).

Test-retest correlations across a 2-day interval were also reasonably high for days worked (0.85 to 0.98), in school (0.93 to 0.99), in own residence (0.74 to 0.99), days of religious attendance (0.79 to 0.98), and days of medical care (0.91 to 0.99). Somewhat greater variability was found for days of psychological treatment (0.63 to 0.99) and days of 12-step group attendance (0.62 to 0.92).

Despite the less precise procedure used to obtain estimates of lifetime drug use in Form 90–AI and 90–AF, test-retest stability was generally high for days of use of the more common categories, including nicotine (r = 0.94 to 0.97), cannabis (0.74 to 0.93), cocaine (0.80 to 0.96), tranquilizers (0.89 to 0.96), sedatives (0.92 to 0.98), and inhalants (0.94 to 0.99). Greater instability of reports across interviews was found for days of hallucinogen (0.68 to 0.82), stimulant (0.47 to 0.95), steroid (0.30 to 0.97), and opiate use (0.02 to 0.93), owing in part to the less frequent use of drugs in these categories. Test-retest reliability for estimates of recent (past 90 days) drug use were generally higher than those for lifetime use.

Drinking measures obtained via Form 90 converge with simpler indices of alcohol consumption. In the Project MATCH (1993) sample, for example, clients' reports of the percentage of drinking days during the prior 90 days (on Form 90) were consistent with their reports of drinking days during the prior week on a frequency item from the paper-and-pencil Alcohol Use Disorders Identification Test (AUDIT) for both outpatients (n = 624, r = 0.67) and inpatients (n = 152, r = 0.71). This finding is consistent with reported correlations between calendar-based interview data and quantity-frequency questionnaire data (e.g., Grant et al. 1995).

Alternate Forms

For some applications, it may be desirable to obtain more detailed calendar-based data for drugs other than alcohol. The 90–AF (client followup) format does not permit, for example, time-to-event analyses

for any drug except alcohol. In clinical and research settings where "relapse" is judged not only by alcohol use but by other drug use as well, equal weight may be given to substance use across categories. Studies of the temporal convergence of alcohol and other drug use would also require a more detailed calendar-based approach for all drugs.

Alternate drug-use forms (Form 90–D instruments) were developed for such purposes, and samples are appended. The amount of detail regarding drinking has been curtailed relative to 90–AI and 90–AF. Given the greater difficulty of specifying the quantity of use for drugs other than alcohol and nicotine, emphasis has been placed on days of use as the calendar-based variable across drug categories. Ancillary procedures similar to those in 90–AI and 90–AF are used to measure quantity of drug use and routes of administration. The steady and episodic pattern grids have been deleted from the 90–D versions, given the complexity of their use with multiple drug categories. Two 90–D forms are included as examples in the appendix:

- 90–DI Alcohol/drug use at baseline
- 90–DF Alcohol/drug use at followup

Supporting Software

Four separate software packages are available to support applications of Form 90. All are offered at minimal cost, with the provision that the originators cannot provide warranty of accuracy, and consultation/support services are not provided (though may be available on a contractual basis).

- The Blood Alcohol Concentration Calculation System (BACCuS)[1] was prepared prior to the development of Form 90 (Markham et al. 1993; Matthews and Miller 1979). It runs in IBM-compatible systems and aids in the calculation of standard drink units and the estimation of BAC peaks.
- The Form 90 Database (F90DB)[2] was designed by the Project MATCH Coordinating Center to combine BACCuS with SPSS components of Form 90 data entry into one package. As a Superbase program, it is divided into 13 separate data bases that allow the user to enter the entire set of respondent data from all versions of the ounce conversion tables, which can be referenced,

[1] Available from Dr. William Miller, Department of Psychology, The University of New Mexico, Albuquerque, New Mexico, 87131–1161.

[2] For information contact Dr. Thomas Babor, Department of Psychiatry, University of Connecticut Health Center, 263 Farmington Avenue, Farmington, CT 06030–1410.

edited, and revised to fit local standards. This software corresponds to the version of Form 90 that was used in Project MATCH.

- Data entry software[3] for Form 90 was written in the M data base programming language (formerly the MUMPS language). Since the M language is highly portable, this software should run with modest modification on a variety of hardware platforms. It allows for full-screen data entry and verification. It retains drinking pattern information as well as standard drink units.

- An IBM-compatible Form 90 software package[4] was developed by the Research Division of the University of New Mexico's Center on Alcoholism, Substance Abuse and Addictions (CASAA). It implements an electronic graphical user interface version of the Form 90 interview. The software is capable of tracking an individual's drinking on a daily basis from up to 1 year prior to intake through approximately 10 years of followup. The hardware required is a minimum of a 486–66 DX2 processor with 16 MB of memory. A 90–MHz Pentium with 16 MB is recommended. CASAA's Form 90 software requires installation of SAS for Windows version 6.08 or higher, including the BASE module.

[3] Contact Robert Stout, Ph.D., Center for Alcohol and Addiction Studies, Brown University, Providence, RI 02906.

[4] For information contact David Waldron, Research Data Services, Center on Alcoholism, Substance Abuse and Addictions, The University of New Mexico, Albuquerque, NM 87131.

General Instructions

This chapter provides a general orientation to the Form 90 interviews and includes charts and definitions that apply to all instruments. More detailed instructions for specific instruments are provided in the next chapter. Copies of all the forms and questionnaires cited here are in the appendix.

Calendar

The calendar (fig. 1) is a key component of the Form 90 interview and should be carefully managed while completing the interview. The ultimate goal of using the calendar is to gather detailed and accurate data about self-reported drinking behavior over a specified time period. This involves gathering information about the quantity and potency of the beverages consumed as well as the actual dates on which drinking occurred. These particular dates on which drinking occurred are especially important when time-to-event statistical approaches are used to analyze followup data.

When conducting a Form 90 client interview, it is necessary to have a calendar form for recording data. This could be a regular blank calendar page (with holidays marked) or a computer-generated calendar. Project MATCH used the IBM–PC software CALENDAR CREATOR PLUS (CC+) for this purpose.*

The CC+ software program generates blank calendar grids for any specified period of months and inserts a standard set of holidays and additional specified events onto the printed calendar. Thus, the calendar software can be updated with important news headlines and memorable local (e.g., sports) events.

If entries of this kind are logged into the master calendar datafile regularly, they can then be accessed (by calendar file printing) whenever an interviewer needs a retrospective calendar. Note that only more memorable events should be entered in order to avoid a confusing amount of detail on the calendar. The purpose is to aid, not confuse, the client.

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* Version 2 is currently available from Softkey International, 201 Broadway, Cambridge, MA 02139–1901.

FIGURE 1. Example of a filled-in calendar

April

1995

Sunday	*Monday*	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Saturday*
						1 A 0
2 Daylight Savings Begins A 0	**3** 0	**4** 0	**5** Brother's Birthday P1 5.6	**6** 5.6	**7** 6.91	**8** 6.91
9 PALM SUNDAY 4.8	**10** 5.6	**11** 5.6	**12** 5.6	**13** 5.6	**14** GOOD FRIDAY 6.91	**15** Party 7 beer 10oz 7 whiskey 1oz 3-11 AM (.283) In 12.32
16 EASTER out of jail A 0	**17** A 0	**18** Bowling E1 9.60	**19** Oklahoma Bombing A 0	**20** 0	**21** 0	**22** EARTH DAY 0
23 Anniv. 2 wine 4oz 6-8 PM (.032) 1.92	**24** A 0	**25** Bowling E1 9.6	**26** A 0	**27**	**28** ARBOR DAY	**29** Today
30						

An efficient approach is to make multiple copies of the calendar grid for each month and keep them in stock. Interviewers can then easily assemble a Form 90 calendar by taking copies of the needed months. At the end of each month, a final blank calendar form for that month (containing its unique events) should be generated and added to the file.

Individual Day Boxes

Each portion of a calendar day box is used for a particular kind of information (fig. 1).

Upper left: Date (may be automatically inserted by calendar software)

Upper right: Special day information (e.g., holiday, memorable event, which also may be automatically inserted by calendar software)

Center: Drinking information

Lower left: Institutionalization codes (see below)

Lower right: Information (when needed) about hours of drinking

Institutional Codes

When clients are institutionalized for any of the following reasons, the matching code should be entered in the lower left corner of each appropriate day box:

Hm: Medical hospitalization

Htox: Hospital/medical detoxification

Rtox: Other residential, nonmedical detoxification

Ra: Alcohol treatment hospitalization

Rd: Drug treatment hospitalization

Rp: Emotional/psychological hospitalization

In: Incarcerated in jail or prison

Ambulatory detox days have no code and need not be recorded on the calendar.

FIGURE 2. Anchor dates for Form 90 interviews

Type of interview	Starting date	Ending date
Intake (90–AI)	89 days before the last drink (not including the day of interview)	Outpatients: Yesterday Inpatients: Day before admission
First followup (90–AF) for outpatients	Date of first completed treatment session, or (if no treatment) 5 days after completion of the intake interview	Yesterday
First followup (90–AF) for inpatients	Date of discharge	Yesterday
Later followups (90–AF)	Date of last 90–AF (if done in the last 179 days) or target date for last missed 90–AF interview (if >179 days)	Yesterday
Reconstruction of a missed 90–AF interview	Date of last completed 90–AF	Date before target day of missed 90–AF interview

Assessment Window

A specific period known as the "assessment window" (fig. 2) is accounted for at each Form 90 interview. The interviewer must make an entry in the center of every day box of this assessment window during the interview.

Standard Drink Units

Drinking information obtained through the Form 90 interview is converted into standard drink units The conventional drink unit used in all applications to date is the standard ethanol content (SEC) unit as defined by Miller, Heather, and Hall (1991; cf. Miller 1978), which is 0.5 oz (15 mL) of absolute alcohol. A simple way of calculating SEC units is the formula:

(x oz)(% alcohol)(2) = y standard drinks

Examples:

Beer: (48 oz)(.05)(2) = 4.8 standard drinks

Wine: (16 oz)(.12)(2) = 3.8 standard drinks

80 proof spirits: (6 oz)(.40)(2) = 4.8 standard drinks

86 proof spirits: (6 oz)(.43)(2) = 5.2 standard drinks

100 proof spirits: (6 oz)(.50)(2) = 6.0 standard drinks

Halving of the number of SEC units yields the number of ounces of absolute ethanol consumed. Conversely, ounces of absolute ethanol can easily be converted (by doubling) into standard drink (SEC) units. It is equally feasible to use standard drink units other than the SEC. The software currently available for Form 90 computations accommodates metric units and other standard drinks of various sizes, as described by Miller et al. (1991).

Most alcoholic beverages are labeled as to their alcohol content. A significant U.S. exception is beer, which can range from under 2 percent to over 11 percent alcohol. The average content of normal U.S. lager beers has remained fairly constant over the years at just under 5 percent (Leake and Silverman 1971). Even most "light" beers are between 4 and 5 percent alcohol, except for those explicitly labeled "LA" (low alcohol), which average between 2 and 3 percent. Malt liquors average around 6 percent, and "ice beers" and imported beers tend to be over 5 percent as well.

Bracketing

The Form 90 interview specifies actual numbers of standard drinks for each day, rather than using ranges or categories (e.g., light days, heavy days). It is necessary to arrive at the most reasonable estimate of number of drinks on each drinking day.

A behavioral assessment procedure known as "bracketing" is often quite useful in conducting the interview. This can be employed, for example, when a client is having difficulty providing a precise number of drinks or hours for a specific occasion. The basic approach is to ascertain a range within which the actual value falls, starting with values that are too high and too low.

> "Did you have more than two beers? Was it more than 50? What is the least you would have had? And what is the most you would have had?"

These outer bounds are then tightened until a narrow range is obtained. When the range cannot be constricted further, the midpoint of the range is used as the estimated value.

When a smaller range is offered by the client (e.g., "I had 3 or 4 beers"), use a "closer to" question to decide on the actual value to be entered ("Was it closer to 3 or closer to 4?").

Table 1 may be helpful in recording event frequency during a 90-day period. Be aware, however, that the assessment window for Form 90 is rarely exactly 90 days, so that these should be used only as examples of how to convert verbal descriptions of occurrence into actual frequencies for an assessment window.

For longer periods, convert client reports into actual number of days within the followup window. For a "once a week" occurrence, divide the number of days in the period by 7. Thus, for a 112-day followup window, a self-report of "once a week" throughout the whole period would equal 16 days.

TABLE 1. Conversion of verbal descriptions to 90-day scale (number of occurrences/90 days)

Once a month	3
Twice a month	6
Three days a month	9
Four days a month	12
Once a week	13
Twice a week	26
Three days a week	39
Four days a week	51
Five days a week	64
Six days a week	77
Every day	90

Conducting the Interview

The biggest clinical interviewing challenge is filling in drinking information for each of the days in the calendar form. The recommended progression for accomplishing this follows six general steps.

Step 1 Introduce Form 90

The interviewer should explain to clients that the interview involves mainly reconstructing their drinking history during a specified timeframe and that their assistance is needed in completing this task. How a calendar will be used to recover drinking patterns (defined as quantity and frequency) by linking memory aids to drinking behavior should also be explained.

Step 2 Identify Memory Aids

To facilitate clients' recall about their drinking, it is important to gather other information before turning to the drinking questions on the Form 90. Notations about what was occurring in the clients' lives are entered on the calendar to invoke the clients' retrospective recall of daily consumption of alcohol beverages. In order to establish these memorable anchor points, it is important to give clients a variety of probes, ideas, or suggestions and then allow them enough time to search their memory. The regularities in the client's life (e.g., work schedule, payday) can and should be used to provide a context for filling in the calendar with memory aids.

Anchor points common to most clients would include holidays, birthdays, major news or sporting events, paydays, and weekends. Negative events that may have occurred in the client's life are as important as the positive or festive occasions. More idiosyncratic events would include dates of hospitalizations, illness or accidents, arrests or incarcerations, court appearances, beginning or termination of employment, vacations, marital arguments, separations and reconciliations, anniversaries, and birthdays of family members or friends. Reports of such events also make it possible to estimate how much alcohol has been consumed during periods of alcohol availability (e.g., excluding days in jail or treatment).

The interviewer then proceeds by asking several questions about the client's treatment and incarceration experiences during the assessment period. All periods of hospitalization, detoxification, residential treatment, and incarceration are recorded on the calendar. Each day is also accounted for in terms of where the client was living, but this information is usually not recorded on the calendar but on the form itself in total numbers of days in various living situations. Outpatient treatment and 12-step group experiences are also queried but are recorded on the calendar only if they may be helpful memory aids for later reconstruction of drinking. Use of prescription medications is determined as well as status with regard to work, education, and religious attendance.

Step 3 Note Abstinent Days

The Form 90 interviewer then proceeds to quantify the client's drinking. At intake (90–AI), spans of abstinence are queried first and recorded on the calendar. Consumption should be asked about even on days of hospitalization or incarceration because clients may do some drinking on such days.

At followup (90–AF), where the predominant pattern may be abstinence, it may be most efficient to inquire first about periods of drinking and to log these on the calendar before entering abstinent days.

Step 4 Steady Pattern Grids

Next the interviewer determines whether the client has any predictable patterning for periods of drinking For those who have a reasonably consistent pattern of drinking over several weeks, a steady pattern grid (items 38–41) may be used to specify that pattern. This pattern can then be used to fill in blocks of the calendar. If the client has only variable episodes of drinking, and no pattern that is reasonably consistent across weeks, the steady pattern grid is omitted.

A second steady pattern grid is available in Form 90 for cases where it is useful to define two different but consistent weekly patterns that occurred during the same assessment window. For example, one

steady pattern may characterize the first portion of a followup window, whereas a different steady pattern predominates during the latter portion.

If appropriate, complete one or more steady pattern grids and fill in periods accounted for by these patterns. Note on the calendar those periods when the drinking pattern applied.

Step 5 Episodic Pattern Charts

Form 90 also has an option (items 42–47) for recording recurrent episodic drinking patterns that are either above or below the usual drinking pattern. Each episode type is quantified as to usual kind(s) of beverage, amounts, and timeframes of consumption. Days of such episodes can then be designated on the calendar. Episodes that occurred only once during the assessment window are entered directly on the calendar.

Step 6 Daily Alcohol Consumption

Drinking days that cannot be accounted for by either steady or recurrent episodic patterns are reconstructed individually using a modified timeline approach. On completion of this step, there should be drinking data entries in every day of the entire assessment window. Always obtain sufficient information so that SECs and BAC may be calculated.

Throughout the interview, the interviewer should continually focus the client's attention on the calendar and the events depicted on the calendar. It is useful to break the calendar into months or weeks to facilitate recall of patterns and specific episodes. Even for clients with very consistent patterns, the interviewer should probe regarding the special events on the calendar that may have triggered an idiosyncratic episode. The interviewer also should add events to the calendar that may be revealed after the actual drinking history interview begins.

The interviewer should also pay close attention to inconsistencies in the client's description of drinking and ask questions to resolve these differences and to make sure that accurate information is collected. Interviewers should probe in cases where SECs seem unreasonably high, especially if clients report drinking lethal amounts of alcohol for extended periods of time (e.g., a gallon of spirits a day for a period of a month).

Missing Followup Periods

Although followup interviews are usually scheduled at regular intervals (e.g., every 90 days), few will occur on exactly the right day. This means that the time between the current and prior followup interviews will be variable. Rather than always using a retrospective 90-day block, the recommended procedure is to attempt to reconstruct the *entire* uncharted period between interviews.

In this approach, there are no "dead" periods in Form 90 followup during which interviewers make no attempt to reach a client who is overdue for a followup. The interviewer should try continuously to complete each followup interview, from the target date until 179 days after the due date for the prior interview. After that day, it should be regarded as a missed followup, and the client enters the next followup period.

When the client is reached, the missing period is then reconstructed (see below). Thus, for example, if the target date for the 9-month followup interview is 9 months after the first treatment session, it may be conducted on any day from there until 179 days after the 6-month due date (though it is highly desirable for the interview to occur as close to 9 months as possible). The regular Form 90 calendar-based procedure is used to reconstruct drinking for the entire span (up to 179 days) back to the date of the prior interview (or, if that interview was not completed, to the target date for the missed interview).

Reconstruction

If a previous followup has been missed, the interviewer completes a separate Form 90–AF or 90–AT to reconstruct the missed interval. Items 1–5 and 48–58 should be completed for the missed interval whenever possible, again aided by a retrospective calendar. The remote reconstruction of drinking behavior (steady pattern grids, episodic pattern charts, and the calendar) is often a more challenging task. If the pattern is relatively simple (e.g., client abstained throughout the period except for a few days), it may be possible to complete the calendar grid as usual.

When the client has been drinking in a more variable fashion throughout the missed period, however, a day-by-day reconstruction is usually beyond the patience and ability of a client, particularly just after completing Form 90–AF for the current period. In this case, an approximation can be obtained by comparing the missed period with the followup window just reconstructed (Gorenstein 1985). Procedures for this situation are provided by items 59–66 of the Form 90–AF interview protocol. These items are used *only* when a missed interval is being reconstructed, and day-by-day calendar reconstruction is *not* feasible.

In the event that a followup interview is completed close to the due date for the next followup, a period of at least 30 days should pass before the next followup interview is conducted. Thus a single Form 90–AF may be used to assess periods ranging from 30 to 179 days.

Quick Form

When clients are unwilling either to come for an in-person (90–AF) interview or to cooperate with a full telephone interview (90–AT), the interviewer should always attempt to complete the 1-page quick form, 90–AQ. This provides the minimal essential outcome variables for a followup point. If the client's cooperation and endurance are doubtful, 90–AQ should be completed before proceeding with 90–AT.

Instructions for 90–AI and 90–AF

Preparing for the Interview

To conduct an in-person Drinking Assessment Interview—Intake (Form 90–AI) or Followup Interview Assessment of Drinking and Related Behaviors (90–AF), you will need a table to work on and a drug card sort set. For in-person followup interviews, you should have a copy of the Treatment Experiences Questionnaire (TEQ) available to administer if the client has received additional alcohol/drug treatment (see items 23–24). Additional TEQ items might be useful depending upon the specific applications of Form 90–AF.

It is helpful to have a clipboard to keep your Form 90 interview protocol out of the client's line of vision. It is best not to lay Form 90 on the table during your interview (with the exception of the steady pattern and calendar grids) where the client can follow your instructions and the information you record. Finally, it can be helpful to have glasses, a pitcher, and a measuring cup available to help with drink quantification (see section on steady pattern grids).

FIGURE 3. Items needed for conducting Form 90 interviews

- The proper Form 90 interview blank
- Calendar forms to cover the assessment window
- The Form 90 Drug Card Sort
- A copy of the Treatment Experiences Questionnaire
- A set of glasses, a pitcher of water, and a measuring cup (optional)

Define Assessment Window

Generate calendar forms to cover the assessment window to be constructed. A calendar software program should automatically insert holidays and other memorable local events.

The period for drinking inquiry on Form 90–AI will always be 90 days, plus whatever span of days elapsed between the last drink and the intake interview or admission date. This will almost always require at least 4 monthly grids. Days not included in the assessment window

should be crossed out on the calendar with X's to avoid confusion. For outpatients, print "TODAY" on the date of interview and place an X over subsequent dates. For inpatients, print "ADMITTED" on the date of inpatient admission and place an X over subsequent dates.

At intake, the assessment window begins 89 days before the client's last drink, with the last day of drinking being the 90th day. An easy way to locate the point 89 days before the last drink is to place your finger on the day of the last drink, then count back 13 weeks, staying on the same day of the week as the day of the last drink. When you get back 13 weeks, cross out (X) that day and the next day. The following day is your starting point for the 90-day period.

At followup points, the interval will generally be at least 90 days, but usually longer, encompassing the period from the last interview (or target date) to the current interview date. Again, X's should be placed on the calendar before and after the assessment window to indicate the period being queried. Because the day of interview is not a complete day, the last day of any Form 90 assessment window is the day before the interview.

If the followup interview is to be conducted by telephone, mail a copy of this calendar to the client in advance of the interview along with a brief letter of explanation. Keep a copy of the mailed materials in the file for your own use during the interview. For further details, see the chapter on telephone interviewing.

Items 1–7

Before the interview begins, the first seven items can be filled in. At item 1, specify the starting and ending dates of the period being queried. (For remote reconstruction periods, this is the followup period being *reconstructed*, not the current period.) At item 2, indicate the number of days in this period. If this is not determined automatically by software, take great care in counting the number of days in the assessment window and verifying your count before and after the interview, because an error can cause vexing problems later during data entry. At item 3, indicate which evaluation period is being queried (on 90–AI this is always 0–Pretreatment). Again, for remote reconstruction periods, this is the followup period being reconstructed, not the current period.

Indicate the client's gender at item 4. The client's current body weight in pounds is recorded at item 5 to facilitate estimates of BAC levels. This is best obtained by weighing the client at each followup interview, although self-report may be accepted. Indicate at item 6 whether weight was obtained by weighing or by self-report. At item 7, indicate whether the interview is being done in person on site, by telephone, in person during a home visit, or at another location.

Conducting the Interview

Style

The style of interviewing is important. A warm empathic tone will encourage more honest reporting. Use reflective listening to respond to client statements. Maintain eye contact and memorize instructions in order to avoid excessive reliance on the form. Patience and positive reinforcement are also vital, given the amount of detail the client is being asked to provide.

When a client voices frustration, it is often helpful to offer an empathic reflection of the feeling and then to reassure or refocus the interviewee [e.g., "It is difficult to say, and I'm sure that your drinking does vary from week to week, but were there some times here when your drinking was fairly consistent from week to week?"] It is also wise to thank and reinforce the client for persisting with a sometimes difficult process.

Starting the Interview

Below is a script that can be used or paraphrased before beginning the Form 90 to help the interviewer obtain more useful and accurate information. This script may be worked into the opening introduction provided on the Form 90 interview form.

> "I'd like to begin this session by asking you questions about your drinking and other experiences you've had during the period of time from about 3 months before your last drink up until yesterday/the day prior to admission (or for about the past 90 days for followup)."

Place calendar in front of client.

> "We will be reconstructing this period by using points on the calendar to help you remember things that have happened to you as well as to help you remember what and how much you've had to drink on each of these 90 days. You will be able to use the calendar throughout the interview to help you remember this period of time."

Continue using the script on the Form 90 interview form.

The length and content of this statement will vary depending on the client's familiarity with the procedure. For the client's first Form 90 (90–AI), however, follow the instructions as printed on the interview form.

When asking for memorable events to serve as calendar prompts, read the list of possible events slowly and allow clients time to search their memory. Write any mentioned memorable events on the calendar

across the top of the day boxes. Clients often volunteer information here about abstinent or drinking days. Note these briefly and then proceed with the instructions printed on the interview form.

Treatment/ Incarceration/ Living Experiences

Record numbers for all items 8–26. If there were no countable days in a category, always enter 0 on that item.

> "During this period, how many days did you spend in a hospital or treatment program where you stayed overnight?"

For inpatients, be sure they understand that this is for the period before their admission and does not include their current hospitalization. At first followup, be sure that inpatients understand this is for the period *after* their discharge. If, in response to this question, clients indicate that they had *no* hospital/residential days, do *not* proceed to ask item by item for each category. Instead verify the answer by saying:

> "So you had no overnight stays in a program for detox or treatment of any kind?"

Even if the client indicates no days of hospital or residential treatment, do ask specifically about outpatient/ambulatory detoxification:

> "Did you receive any detoxification treatment at all during this time?"

For each reported hospitalization or residential treatment, record all days with any period of residential stay by printing the appropriate code in the lower left corner of each day box. Partial hospitalizations (e.g., day treatment) and emergency room visits do not count as hospitalized days. To count, the client must have been *admitted* for a residential stay and have stayed overnight. Halfway house stays do not count at hospital days and are recorded separately (item 20). Classify admissions (items 8–14) according to the primary problem being treated, as follows.

Item 8 Medical

The person was admitted to a medical hospital to be treated for injuries, illnesses requiring hospitalization, medical tests, etc. If the injury or illness is alcohol related, the admission is still counted as medical if the purpose of treatment was to remedy the medical condition rather than to detoxify or to treat the alcohol problem.

- Record on the calendar as Hm.

Items 9–11 Detoxification

The person received treatment for detoxification from alcohol and/or other drugs. These are days specifically for detoxification, not treatment. Count any days admitted for detox only, or detox in one facility in preparation for treatment at another. If the person was admitted to a treatment program where detoxification is merely the first phase and blends into treatment and *if the person stayed* at the facility for subsequent days of treatment, count all days as treatment days rather than detox days. Note that detoxification experiences are classified separately as hospital, nonhospital residential, or ambulatory.

- Hospital/medical detox days are recorded as item 9 and also indicated on the calendar as Htox.
- Days spent in residential but nonmedical detox are recorded as item 10 and recorded on the calendar as Rtox.
- Days receiving specific ambulatory/outpatient treatment for detox are recorded as item 11.

Among the three types of detox days, only hospital and residential nonmedical detox days (items 9 and 10) contribute to the total number of residential treatment days (item 15), and only these must be recorded on the calendar.

There should be no double counting of days as both detox (items 9–11) and treatment. Treatment always takes precedence. Detox days are those in which only detox services were received with nothing more than minimal advice. For inpatients at intake, do not count detox received as part of the client's current admission. Self-detoxification, detoxing by family or friends, and involuntary detox (e.g., during incarceration) do not count unless the client specifically received assistance (e.g., prescribed medication) from a qualified professional or program.

Item 12 Alcohol

The person was admitted to an inpatient or residential program to be treated primarily for alcohol problems. This includes admission to a psychiatric unit when the purpose included treatment of alcohol problems. If both alcohol and other drug problems were involved, the interviewer must decide which constituted the *primary* reason for admission.

- Record on the calendar as Ra.

Item 13 Drug

The person was admitted to an inpatient or residential program to be treated primarily for drug problems other than drinking This includes admission to a psychiatric unit when the purpose included treatment of drug problems.

- Record on the calendar as Rd.

Item 14 Psychiatric

The person was admitted to a psychiatric facility for psychological problems other than alcohol/drug. If treatment was for a combination of alcohol/drug and other psychological problems, it should be classified as an alcohol or drug admission. No hospital/residential day may be classified in more than one category.

- Record on the calendar as Rp.

Item 15 Total

Record the total number of days in each category of items 8–14 and the total (excluding item 11) as item 15. To be counted as a hospital or residential day, the client must have been admitted to the hospital or other residential facility for an overnight stay. Visits to the emergency room, for example, do not count as hospital days if they did not result in an admission. The number of "days" is the number of overnight stays. The total (item 15) is the simple sum of items 8, 9, 10, 12, 13, and 14. (We do not recommend hand calculation of totals. They are electronically calculated by Form 90 software programs.)

Item 16 Incarceration

> "During this period, did you spend any time in jail or prison?"

Focus client's attention on the anchor points on the calendar. Record the total number of days as item 16.

- Record on the calendar as In.

Item 17 Total Institutional

Add items 15 and 16 to yield the total number of days in institutions and enter the total as item 17. (This can also be electronically calculated by software.)

Item 18 Residence

Begin item 18 with this question:

> "During this period, where did you live? How many days did you live in the following?"

Record the total number of days during this period when the client was living in his/her own house, apartment, or room. Days count in this category if the client (or client's spouse/partner) owned or paid rent or mortgage payments. Days away from home (e.g., camping, military reserve duty, staying in a hotel while on vacation or a trip, visiting friends or relatives) still count on item 18 if the place of residence was maintained. Any days paying rent in a hotel/motel also count here. DO NOT COUNT on item 18 any days already included in item 17 (i.e., days in institutions).

Item 19

Record the total number of days living with others (except a spouse/partner) and not paying rent. This includes living with parents, children, or friends who offer the client free lodging.

Item 20

Record all days living in a halfway house. Count days as *overnights* living in a halfway facility. Do not count days spent in homeless shelters, missions, etc. The facility must be identified as a halfway house.

Item 21

Record all days when the client was homeless, "on the road," or living in shelters or missions. Note that the sum of items 17 through 21 must equal the total number of days in the assessment window (item 2).

Item 22

"During this period, how many days were there (not including hospital or detox days) when you saw a doctor, nurse, nurse practitioner, or physician's assistant for any kind of medical care?"

Record the total number of days as item 22. DO NOT COUNT medical care given on hospital, detox, or incarcerated days. Do not count dental visits, eye care (e.g., ophthalmologist or optometrist), chiropractic treatment, physical or occupational therapy visits, etc. The intent here is to assess primary medical care.

Items 23–25

"During this period, on how many days did you have a session with a counselor or therapist?"

Record separately visits for alcohol, drug, and emotional/psychological problems as items 23, 24, and 25, respectively. Partial hospitalization services (e.g., day treatment) are counted here as outpatient days. Family counseling visits also count here. Briefly describe the type of setting, provider, and treatment.

If the client received any alcohol or other drug treatment, *also* administer the Treatment Experiences Questionnaire (TEQ) for any treatment received, even if only a single session. Use only one TEQ for all treatment services received during the assessment window, not a separate TEQ for each. [NOTE: The particular TEQ form provided in the appendix was developed for Project MATCH to study attributes of additional treatment received. For other applications, it may be desirable to amend the content of the TEQ or to omit it altogether.]

Item 26

"During this period, on how many days did you attend a meeting of Alcoholics Anonymous or another 12-step meeting?"

Focus client's attention on the calendar to aid in memory.

Multiple meetings on one day still count as only one day. NA, CA, ACoA, Alanon, and any other 12-step groups all count.

Other Activities

Ask these three questions.

Item 27 Work

"How many days have you been paid for working during this period?"

Use calendar to assist in counting.

INCLUDE any part-time or temporary employment. Full-time work normally equals 5 days per week unless otherwise specified. In normal work weeks, however, count only paid work days (e.g., not weekends if they are not worked). Self-employed people should be asked the number of days they worked. Days paid for working (e.g., paid holidays, sick leave, vacation time) count, even if the person did not actually work. Any period of paid work (e.g., 2 hours of hourly pay to clean house, or do yard work, or baby-sit) on a given day counts as a work day.

DO NOT COUNT unpaid volunteer work, or financial gain from illegal activities. Paid retirement, disability, or unemployment compensation days do not count as work days.

Item 28 Education

"How many days have you been in school or training during this period?"

INCLUDE degree as well as nondegree education as long as it is an organized class activity. Any class attendance (or on-the-job training) counts as an education day. Do not count correspondence courses where no class attendance is required. Note that any given day can be both a work day and an education day.

Item 29 Religious Attendance

"On how many days during this time did you attend a worship service or other religious celebration?"

Count days on which the client attended at least one worship service or other religious observance. Attending more than one event in a day

counts as only one day. Weddings and funerals are counted only if they were conducted in a context of religious worship (e.g., not if a wedding is conducted as a civil ceremony). Other examples of events that would be counted are prayer meeting, bris, any event including communion/eucharist, Passover observance, vigil, evensong, and revival meeting. Do not count events that are primarily civil/secular/social but may include minor religious elements (e.g., an opening and closing prayer), such as university commencement, potluck dinner, church administrative meeting, or social cause rally. Do not count any AA or other 12-step meetings as religious attendance days.

Items 30–35 Medications

Here record only medications that the client took by prescription during the assessment window. Ask:

> "During this period, on how many days did you take any medication prescribed by a physician?"

Inquire separately for each group of medications. For each, record the estimated number of days on which the client took medication by prescription and specify the medications used. DO NOT COUNT vitamins or birth control pills. DO NOT COUNT nonprescription drugs (e.g., aspirin, over-the-counter medications) recommended by a physician but not requiring a prescription. Be sure you make clear the difference between medications to maintain/stabilize drug use (e.g., methadone) and antagonists intended to block drug effects (e.g., naltrexone), using explanatory language that the client will understand. When in doubt about the type of medication, record medication information and consult with medical staff.

Periods of Abstinence

If the client has not already provided this information, ask:

> "Now I'd like to ask you about your drinking during this same period. The things already recorded on the calendar here may help you to remember better. First of all, were there any periods of days when you had nothing to drink at all?"

If the client was continuously and completely abstinent throughout the assessment window, complete items 1–35. Leave items 36 and 37 blank and go to Other Drug Use (items 48–58). It is not necessary in this case to add further details to the calendar or to complete items 38–47, but it is still important to go through the regular routine for memorable events, both to confirm abstinence and in preparation for other information that is reconstructed from the calendar. If a prior followup interval is missing, complete a new Form 90–AF (or 90–AT) for the missed period.

If there were periods of abstinent days but not complete abstinence for the entire assessment window, proceed to record drinking and abstinent days on the calendar according to the sequence outlined earlier. Make full use of the information already recorded on the calendar to help the client recall dates and periods of abstinence and drinking. The first step is simply to distinguish days of complete abstinence from those in which any alcohol was consumed.

Print an "A" in the center of every day box for days of nondrinking. (For prolonged periods of abstinence, an "A" in the first day of each week and an arrow through the rest of the week will suffice.) Be sure to inquire about drinking during periods of hospitalization (H), residential treatment (R), and incarceration (In) as well. Do not assume abstinence on H, R, and In days.

Items 36–37

For all clients who drank, ascertain the date of the first drink during the assessment window (item 36) and the date of the most recent drink during the window (item 37). For clients drinking throughout the period, these will be the first and last days of the assessment window, respectively.

Items 38–41 Steady Pattern Grids

Clients frequently have periods of reasonably consistent drinking. Although drinking weeks are rarely identical, there is commonly a repeating pattern from week to week, for at least part of the assessment window. Identifying and quantifying such consistency via the steady pattern grid can be helpful in completing the calendar efficiently.

To determine whether to use the steady pattern grid, first examine the calendar. If the pattern is mostly abstinence, with only sporadic days of drinking, the steady pattern grid is not appropriate. If, on the other hand, there are at least several weeks of drinking, inquire:

> "During this period of time, when you were drinking, I'd like to see if your pattern was at all similar from one week to the next, at least for a few of these weeks. I realize that drinking will vary from day to day and from week to week, but I want to know if there was any similarity among weeks. Was there any consistency to your drinking from week to week?"

Allow enough time for the client to study the memorable events on the calendar to assist in recall. It is also helpful if the interviewer allows the client to see a steady pattern grid in relation to the calendar so that he or she may assist with the task. If no consistency can be found, skip to item 42 and ask about episodic patterns, using the calendar to assist in the client's recall of the episodes.

If the client has had a reasonably consistent pattern of consumption from week to week when drinking, at least for part of the assessment window, complete the first steady pattern grid. Note that this grid divides a regular drinking week into 21 parts: morning, afternoon, and evening for each of the seven days. Fill in each of the 21 boxes by recording the type and amount of alcohol typically consumed (including the proof or percentage strength of alcohol content whenever possible), and the approximate time span (e.g., beginning and ending hours) over which it is consumed. Begin with weekdays, working through mornings, then afternoons, then evenings Use these instructions to start:

> "Could you describe for me a usual or typical week of drinking? In a typical week, let's start with weekdays—Monday through Friday. What did you normally drink in the morning, from the time you got up until about lunch time?"*

Focus client's attention on the grid.

The latter phrasing is intended to provide permission for reporting morning drinking. Alternative phrasings such as "Did you ever drink in the morning?" may encourage falsification or minimization of morning drinking information. Use past tense to inquire about drinking (e.g., "What did you drink," not "What would you drink'?" or "What do you drink?").

You can help the client to be more specific by first asking which beverages were consumed and then how much of each. It helps to know ordinary drink sizes (e.g., standard bar draft of beer = 10 oz; ordinary wine glass = 4 oz). To clarify actual drink sizes, use a set of glasses of different sizes, a pitcher of water, and a measuring cup. Often clients have no idea what volume they are consuming. In this case, the client can be asked to select a glass that is about the size of the glass usually used. The client may pour water into the glass, to the level normally poured with the preferred beverage. You can then measure this volume. We have found that clients' estimates of the amount poured can be off by a factor of 3 or more, usually in the direction of underestimation.

Be careful not to assume drink sizes. "One drink" of whiskey may mean an 8-oz tumbler for one client but a 1-oz shot for another. Ask for details. Also inquire about the size of a bottle, a can, and so forth. After each reported type of drink for a given time block, ask

> "... and what else?"

Another precaution is to clarify whether the client, when drinking with others, drank the full quantity being described or shared this quantity

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• Adapted from Miller and Marlatt 1984.

with drinking companions. Seek clear estimates of the amount consumed by the client alone.

In certain situations, it is more difficult to obtain a good estimate of the amount of alcohol consumed. This is so, for example, when the client had drinks mixed by others or of unknown quantity (e.g., a party punch), or when the client suffered a memory blackout. Nevertheless an estimate is better than no data, and there are often clues to help in arriving at a reasonable guess (e.g., amount of money spent, empty bottles and cans, friends' reports, apparent strength of drinks from their effects).

Remember to ask about the time period over which the alcohol is usually consumed. This is needed for BAC estimations:

> "About what time did you normally have your first drink? . . . And when did you usually finish the last one?"

Because drinking is often consistent from day to day, do not begin by asking about days one at a time. The "weekdays" approach described above often works well. If drinking varies from day to day (e.g., "Two mornings a week I may have a glass of beer before lunch"), this can be specified. If there are particular days when this occurs (e.g., Tuesdays and Thursdays), record it on those days.

After constructing morning drinking, proceed to afternoons:

> "Now how about weekday afternoons, including what you drank with lunch up through the afternoon until dinner time—what did you normally drink on weekday afternoons, Monday through Friday?"*

Again, if the pattern varies from one afternoon to the next, record this variation. Use probing questions.

> "Would that be on the same days when you had a beer in the morning?"

Again it is important to use the calendar to assist with identifying the actual days drinking occurred rather than arbitrarily picking days to fill up the grid. (This is important for future time-to-event statistical analyses.) The grid is then continued by inquiring about evenings:

> "And how about weekday evenings? What did you normally drink with dinner, up through the rest of the evening, until the time you went to sleep?"*

• Adapted from Miller and Marlatt 1984.

The grid is completed by repeating this entire process for weekend days. Separate inquiries are recommended for weekdays and weekends because drinking patterns on these days often differ widely. Repeat the query regarding morning drinking even if the client, when asked about morning drinking on weekdays, reported never drinking in the morning.

For any time block where no drinking is reported, enter a zero (0). *Do not leave any blank boxes.* Entries should be made in all 21 boxes of the grid. This prevents errors through omission of time periods. Be careful not to make restrictive assumptions (for example, that a client does not drink while driving or during working hours).

These procedures must be modified to accommodate clients with certain lifestyles or schedules (e.g., working night shifts, different meal patterns). Remember that the purpose of this grid is to obtain a well-specified estimate of consumption during a repetitive drinking week.

If the client indicates two distinct drinking periods during the assessment window and there seems to be a second discrete steady pattern, you may complete a second steady pattern grid (items 40-41) in the same manner.

For each steady pattern ask,

> "Now which are the weeks on this calendar when your drinking was like this?"

Remember to fill in the calendar as you go with the steady pattern. The steady pattern grid and the calendar should be completed hand in hand, not independently of each other. It is recommended that the interviewer keep the steady pattern grid(s) in plain view of the client so that he/she can remember what pattern is being matched to the calendar (especially when two steady pattern grids are being used). For weeks or portions of weeks described by pattern 1, write "P1" on the first day of the week and draw an arrow through the remainder of that week. Do the same for P2, if there is a second steady pattern. If abstinent days are part of a steady pattern, also mark these as "A" on the calendar so that they are not missed as abstinent days.

A Form 90 data base software program will calculate the BAC according to the way that data are entered. It may be necessary for some days to calculate BAC in several different ways (e.g., from first to last drink of day; for an episode within the day) using different periods of hours to determine the peak BAC. In this case, always use the highest BAC estimate obtained. Drinking that continues through the night without sleep into the next morning is counted in SEC and BAC totals for the day on which it started, unless drinking extends past noon of the next day.

If no steady pattern is apparent in the client's self-report, go on to item 42. If the client's drinking did not deviate significantly from the steady pattern, items 42–47 can be omitted, and the calendar can be completed with only P1 (and P2).

Use of the steady pattern grids and episodic pattern charts is at the interviewer's discretion. If it appears that the client's drinking pattern does not lend itself to quantification via pattern charts, these may be bypassed, and the entire assessment window reconstructed day by day (see Idiosyncratic Days.)

Items 42–47 Episodic Pattern Charts

If a steady pattern grid has been completed, determine whether some periods were not well described by the steady pattern(s). Here is a transition instruction:

> "Now that we have your regular pattern, I'd like you to tell me about times during this period when your drinking was different from this. Look at the calendar again, and think back over this period. When were times that you had more or less than your regular amount to drink?"

Because the steady pattern will already be recorded on the calendars, it is easy to see which days are not covered by the patterns.

If no steady pattern grid was completed, introduce the episodic pattern section in this way:

> "If you didn't have a regular pattern from week to week, tell me about times when you did drink during the period on this calendar."

If there are repetitive drinking episodes in addition to (or instead of) the steady pattern drinking, the description of these is your next task. Determine whether any types of episodes recurred, that is, where the amount and pattern of drinking was reasonably similar from one episode to the next. These commonly occur at particular places or times (e.g., on Friday nights; when I go out with coworkers). If you identify a type of episode that occurred more than once, use the episodic pattern chart to describe it.

The episodic pattern chart should not be used to reconstruct individual, nonrecurring drinking episodes. Rather, the intent is to describe specific types of heavier drinking episodes that have recurred. One particular type of episode (e.g., staying out on a Saturday night) may have occurred several times during the assessment window. Up to three types of episodes may be provided. (If a particular case requires more than three episodes, additional sheets can be used.) Again, the clients must be focused on the calendar so that they can accurately recall the information.

An episode may extend for more than one day. Thus, an episodic pattern might be a 3-day binge.

> "Did that happen more than once during this period?"

For each type of episode, ascertain:

- the specific beverage(s) typically consumed
- the average amount(s) of beverage(s) consumed and
- the typical beginning and ending times (for BAC estimation)

If a recurrent episode type is identified, record it as episode type 1 (E1), documenting the types and amounts of beverages consumed and the time of first and last drinks. Then ask:

> "Now, using the calendar, which were the days when your drinking was about like that'?"

The calendar should be used throughout the process to define and locate these episodes. For days when episode type 1 is descriptive, print "E1" in the middle of the box. Follow a similar procedure for any additional recurring episode types (E2, E3).

The total SECs (items 42, 44, and 46) and estimated BAC peaks for each episode (items 43, 45, and 47) are to be computed following the interview, typically by using a data base software package. If no repeated episode types can be identified, proceed to fill in the calendar day by day.

Idiosyncratic Days

The combination of A, P, and E days should in many cases account for the majority of days during the assessment window. What remains is to reconstruct, day by day, the client's drinking on days not covered by the procedures above. It is conceivable, however, that a given client would report no consistent steady (P) or episodic patterns (E), in which case the entire assessment window would be constructed one day at a time.

Interviewers may also elect to use a day-by-day approach rather than P and E grids. Sometimes a modified timeline approach is more efficient and less frustrating for both. interviewer and client than the sequence of questions presented on the Form 90 questionnaire These situations occur when a client is unable to generalize about "steady patterns" or "typical weeks" of drinking. Before this frustration occurs, the interviewer should abandon this line of questioning and direct the client's

attention to the calendar. Again, the client should be clear about the task at hand. The interviewer might say,

> "We are going to work on filling in the calendar with your drinking information. Each calendar day will be filled in with your best estimate of the amount you drank that day. Although it sounds like a difficult task, it really can be done. We will do this task by focusing on what you were doing in your life during this 90-day period."

Begin by focusing on the longest spans of invariant behavior, such as abstinence and/or heavy daily drinking. For example the interviewer might say,

> "Looking at the calendar and thinking about these events in your life that are written on the calendar, what is the longest number of days you went without drinking anything at all, not even one (favorite drink)?"

> "When did that occur?"

Fill in the calendar days as indicated, and then focus on the days immediately following this salient period by asking:

> "What happened then? How did your drinking pattern change?"

Continue by focusing on the days immediately preceding the invariant period, using any anchor points that are in close proximity to these days. Then ask about other times during the window when the client remembers an extended number of days in a regular pattern. Throughout the interview, make use of the anchor points provided by the client, especially those of regularities in the client's life (work schedule, payday) to prompt the client in detailing his/her drinking pattern.

For every idiosyncratic day, be sure to record (in the middle of the day box) the specific beverage(s) consumed, the amount of each beverage consumed, and the number of hours (or beginning and ending times) of drinking

Coding Alcohol Information

When you have finished, there should be a drinking entry in each and every one of the calendar boxes for the assessment window. The entry can be an A (for abstinent days), a P code for steady drinking pattern days (items 38–41), an E code for recorded episodic patterns (items 42–47), or a specific amount of consumption for all other days. In the latter case (idiosyncratic days), record the specific beverage(s) and the specific amounts) of each beverage consumed. Always record sufficient information and specificity to permit calculation of the number of standard drinks (SECs) consumed and estimation of the BAC peak on each day. The information should be recorded clearly and neatly in such

a way that another staff member can easily understand and enter or verify the record.

Again, remember that institutional H, R, and In codes (lower left of box) do NOT constitute drinking status codes. You must inquire about drinking on these days, too, and record drinking status in the middle of each box.

At times, clients will report quantities of consumption that seem logically impossible. Whenever the volume of consumption that a client reports seems unrealistically high, probe to be sure you have the correct information. Is there possible confusion about bottle size (e.g., quarts versus pints) or case size (12 versus 24 bottles)? Did the client share the reported amount with others? Do not passively accept drinking information that seems implausible.

Items 48–58 Other Drug Use

Lifetime Use

Intake

The Form 90 interview ends with an assessment of other drug use during the assessment window. To facilitate this, a set of cards has been prepared, describing 11 major drug classes (see appendix). For in-person interviews, the client is given this set of cards, always arranged in numerical order, and asked to sort them into two piles. At intake (90–AI), both lifetime and recent use are reconstructed. Use these instructions:

> "Now I'm going to show you this set of cards. Each card names a kind of drug that people sometimes use. I'd like you to sort them into two piles for me. In one pile here (indicate position) I'd like you to place those cards that name a kind of drug that you have tried at least once in your life. In the other pile here (indicate position), place the cards that name types of drugs that you have never tried at all."*

Use the header cards that are provided ("Drugs I have used at least once" and "Drugs I have not used") to mark where the two piles are to be placed. Emphasize that you are asking about drug use *ever* in the client's lifetime.

Give the cards to the client in numerical order with nicotine on top, cannabis next, and so on. When sorting has been completed, take the NO pile and check "No" for each of these categories in the LIFETIME USE column on the Other Drug Use Chart (items 48–58). Then for all categories indicated as "YES," inquire about the type of drug(s) used

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• Adapted from Miller and Marlatt 1984.

and the route(s) of administration. Record both the type of drug and the route of administration in the space on the form following "specify:".

For all drug use meeting the criteria in table 2, check "YES" in the LIFETIME USE column. If a card placed by the client in the "Yes" pile does not meet the use criteria, check "No."

Proceed to inquire about frequency of use for all drugs checked "YES" in the lifetime use column:

> "Now for each of these types of drugs, I'd like you to give me an estimate of how long you have used them in your lifetime. What I want to know is: during how many weeks during your lifetime have you used each type of drug at least once."

TABLE 2. Criteria for qualifying lifetime drug use (YES)

DO NOT COUNT:

- Over-the-counter medications taken to treat circumscribed illnesses (e.g., colds, allergies)
- Illegal remedies taken for nonpsychoactive, hoped-for curative properties (e.g., for cancer)
- Medications prescribed and taken for 30 days or less if taken as directed for prescribed purposes (e.g., Seconal prescribed and taken for 5 days for postsurgical pain; benzodiazepines prescribed during alcohol withdrawal)
- Nonpsychoactive controlled medications that are not included in the card sort drug categories (e.g., antibiotics), even if not taken as prescribed
- Psychoactive drugs unlikely to be abused and not falling into one of the card sort drug categories (e.g., anticonvulsants, lithium, antidepressants)

DO COUNT:

- All nicotine use
- Any use of controlled psychoactive drugs without prescription
- Any use of illegal drugs of abuse
- Any use of prescribed psychoactive drugs above prescribed doses
- Any use of psychoactive drugs specifically to "get high"
- Any regular (e.g., daily or almost daily) use of prescribed psychoactive drugs for more than 30 consecutive days, even if within prescribed limits and for prescribed purposes. This includes psychoactive medication prescribed for pain relief, muscle relaxation, weight loss, insomnia, attention deficit disorder, etc.
- Any use of multiple prescriptions from different physicians for the same psychoactive medication in order to exceed prescribed limits
- Any psychoactive drug prescribed or otherwise used as a maintenance or substitution medication to treat alcohol or other drug abuse (e.g., methadone—but not disulfiram).

Interviewers should gather information that will allow them to code the number of weeks in the client's lifetime that the drug has been used.

> "Let's start with _____."

Use nicotine, or first YES card from numerical sequence.

> "How many weeks during your lifetime would you say that you used _____ at least once?"

Use followup questions such as

> "How long did (have) you use(d) _____ at least once a week?"

> "How often did you use _____ at least once a week?"

Remember that the goal is to approximate the number of lifetime weeks during which each drug was used. The client should not have the burden of calculating weeks of use.

Clients who have had long periods of use are likely to respond in spans of months or years. In such cases, be sure that the client means that for this span of time (e.g., 5 years) he/she used a drug from the category at least once per week. Be cautious; for example, do not count LSD use twice a year for 5 years as 5 years (260 weeks) of use! Rather this would count as 10 weeks of use.

Record response in lifetime weeks on items 48–58. Repeat for each YES drug card. Then give YES pile back to client.

Recent Use

> "Now I'd like you to sort these again to say which kinds of drugs you have used at least once during the period we've been talking about on this calendar, from _____ up through _____. If you used the drug at least once during this time, put it in a pile here (indicate "Drugs I have used at least once" pile), and if you never used it at all during this period, put it here (indicate "Drugs I have have not used" pile)."

Alternatively, if there are few cards, simply ask:

> "Which of these have you used at least once during this period we've been talking about . . .?"

Be clear that you are now asking about recent use during a specified calendar period.

For each of the YES cards, now ask:

> "During this period, on how many days would you say you used _____?"

Record as items 48 through 58, respectively, and repeat for all YES cards.

Followup

At followup (Form 90–AF), the instructions differ slightly. Lifetime use is not queried, only drug use during the assessment window:

> "Now I'm going to show you this set of cards, which you have seen before. Each card names a kind of drug that people sometimes use. I'd like you to sort them into two piles for me. In one pile here (indicate position and use marker card) I'd like you to place those cards that name a kind of drug that you have used at least once during this period. In the other pile here (indicate position and use marker card), place the cards that name types of drugs that you have not used at all, not even once, during this period."

Always give cards to the client in numerical order, with nicotine on top, cannabis next, and so on. When the sorting has been completed, place a zero (0) next to all drug categories placed in NO pile.

Then inquire about each of the remaining (YES) categories to determine qualifying use (see table 2). If use does not qualify, mark zero (0) for that category. Do not record days of use that fail to qualify (e.g., Seconal given by prescription for 3 days for postsurgical pain; Librium during detoxification).

If use does qualify, ask the number of days during the assessment window when this drug class was used.

> "During this period, on how many days would you say you used _____?"

Record on items 48–58, Other Drug Use Chart, and repeat for all YES cards.

Completing the Interview

Review the calendar and other drinking information before the client leaves the interview setting in order to ensure that the information is accurate and codable. This may be done while the client is completing other questionnaires. To complete the calendar data, enter zero (0) for all abstinent days.

Be sure that P1 (and P2) days are clearly marked on the calendar and that the data entered on the steady pattern grids are clear and easily readable for computer entry. This includes the number of ounces and percent alcohol or brand name of alcohol, as well as time to consume.

For episodic days, enter E1, E2, or E3 on the calendar, and check the information recorded on the episodic pattern charts for accuracy and completeness.

For idiosyncratic days, check the calendar for readability, amount, and percentage alcohol. No days may be omitted.

It is not necessary to record SECs on the calendar if, as recommended, you are using computer software to perform these calculations. If a Form 90 record is to be double-checked by another coder, however, it is very helpful to have the SEC units and the computer-estimated BAC levels for idiosyncratic days recorded in the lower left hand corner of each day box so that discrepancies can be easily located.

Remote Reconstruction

Items 59–66 Followup Only

If the client missed a prior followup period, continue with a new Form 90–AF (or 90–AT) to reconstruct the missed period. It is desirable to complete items 1–37 and 48–58, but highest priority should be given to quantifying drinking during the missed period. At items 1–3, indicate the followup period *being reconstructed*.

Item 59

At item 59, indicate the *present* followup point, *from which* reconstruction is being done (not the period *being* reconstructed). It is vital to fill in item 59 for all reconstructions, because it is the item that signals data analysts that this Form 90 is a retrospective reconstruction.

Always use a calendar to remind the client about the missing period. In some cases, it will be possible to complete the calendar in a straightforward manner. For example, a client may clearly recall abstaining throughout the missing period except for 2 days at a holiday. In such a case, complete the calendar form as usual. If, on the other hand, a day-by-day reconstruction of drinking is not viable, fill in memorable events to aid with memory and then use the following procedure.

First, obtain an approximate date of the first drink (item 36) and the last drink (item 37) during the missing interval. If drinking was continuous, these will be the first and last days of the interval, respectively.

Items 60–61

Second, ask for an estimate of the number of abstinent (A) days that occurred during the missing followup period. Again, show the client a calendar for the period. It may also be helpful to ask the client to compare the missing period with the most recent followup window, just discussed. Record the estimated number of abstinent days as item 60. The remaining days in the followup window (item 2 minus item 60) constitute the number of drinking days during the missing period (item 61).

Item 62

Third, ask for an estimate of the number of days during this period when the client had 6 or more drinks. Use the standard drink (SEC)

definition. An illustrative graphic is provided with the form, which may be helpful here.

Items 63–66

The final important task is to ask clients to compare their drinking *during the missing period* with their drinking during the period just described. Rather than attempting a full reconstruction, ask the client how the missing followup period would compare with the window you just finished discussing.

> "Would the amount of drinking on drinking days be about the same? More? If so, how much more? Less? If so, how much less?"

Some clients can give a percentage estimate (e.g., about half as many, about twice as much) that can be used to approximate the number based on the anchor period. Note that this is an estimate only for the *amount* of drinking on drinking days, not the *number* of days of drinking, which is a separate issue (item 61). The question here is:

> "On days/weeks when you did drink, how would your drinking compare to drinking days from the most recent period which we just discussed?"

What is needed here is a multiplier (item 64) which best captures the client's comparison of these two periods. It is not likely that most clients could generate this number themselves. Rather, the interviewer must make the decision, based on the client's report. For example, if the client's estimate is "about half as much," the interviewer could use 0.50 as the multiplier. Similarly, if the client suggests "twice as much," the multiplier chosen would be 2.00.

Calculate the product of this multiplier and item 63, the average SECs per drinking day for the current period obtained from summary statistics. This yields item 65, the best guess as to the average number of SECs per drinking day during the missing period.

Alternatively, ask directly for an estimate of the number of standard drinks per drinking day during this interval and enter it on item 65.

Finally, item 65 is multiplied by item 61 to estimate the total number of SECs consumed during the missing followup period (item 66). These calculations can also be completed electronically with greater reliability.

If no estimate of SECs per drinking day is available from the current period (e.g., the client was abstinent during the current period, but drank during the missing period), ask the client to estimate the amount of drinking on a typical drinking day during the interval, and enter that number (in SECs) as item 65.

Telephone Interviews 90–AT and 90–AQ

The feasibility of a Form 90 interview by telephone depends heavily upon the tolerance of the client and the skill of the interviewer. Although it is highly desirable to conduct as many Form 90 interviews in person as possible, it may be necessary to complete a certain percentage by telephone. When a client will not return for an in-person interview and a home visit is not feasible, Form 90 can be completed by telephone.

The Client Telephone Assessment of Drinking and Related Behaviors

Form 90–AT directly parallels 90–AF. No questions are deleted, although instructions have been modified slightly for telephone interviewing.

If a telephone interview can be anticipated (e.g., for out-of-town cases or scheduled telephone interviews), mail to the client a copy of the retrospective calendar for reference during the interview. In many cases, however, this calendar will not be available to the client during the interview. In this situation, you may ask clients whether they have a calendar at hand to help with recall.

Unless there is an apparent concern about completion of the interview by telephone (in which case 90–AQ should be done first), proceed normally through 90–AT. For the drinking quantification portion of the interview (items 36–47 and the calendar), work with a calendar in front of you, with a goal of accounting for each day through (1) abstinence, (2) steady pattern, (3) episodic pattern, or (4) idiosyncratic data. Have as your first priorities to establish (1) the dates of first and last drink (items 36 and 37) and (2) the total number of days abstinent during the assessment window.

Quick Drinking Assessment Interview

When it appears that the client is unwilling to give the time necessary for a full 90–AT, priority should be given to obtaining the essential outcome data contained on 90–AQ. This can be introduced to the impatient client by saying:

> "I'd like to ask you just six questions about your drinking during the period from _____ up through yesterday. That's a period of _____ days."

Then launch directly into the six questions, items 5–10. (Items 5a and 5b can be considered a single question.) Ask the questions as specified on Form 90–AQ. When you have completed 90–AQ, try to persuade the client to continue with 90–AT.

NOTE: For certain applications, this simple quick form, which is essentially a quantity-frequency questionnaire, may prove sufficient for all cases.

Collateral Interview on Drinking

Once you have mastered client interviews with Form 90, it is a short step to interviewing significant others (SOs). The special challenge with these collaterals is that they typically have more limited information and need encouragement to provide whatever data they have. The instructions provided here refer to the shortened Form 90–ACS. A more detailed form (90–AC) was used in Project MATCH and was modified to facilitate more general applications.

Preparing for the Interview

When contacting collaterals (table 3) for the first time, a letter should be sent in advance of the call, informing them of the purpose of the interview and the fact that it is done with the client's written permission (see appendix for sample letter). It should also be made clear that the information provided is confidential and will not be shared with the client. To further protect confidentiality, such letters should be sent with a return address that does not reveal the purpose of the project.

When telephoning a collateral, ensure that you are talking to the right person. Do not reveal the client's name or the purpose of your call until you know you are are talking to the collateral whom you have written permission to interview. In talking to others, give only your name and

TABLE 3. When to contact the collateral for a 90–ACS interview

INTAKE	As soon as possible after completing Form 90–AI
FOLLOWUP	Whichever comes first: 1. Completion of Form 90–AF 2. Inability to locate the client for 90–AF 3. Client refusal of 90–AF 4. 30 days after the due date for 90–AF

a general indication of the purpose of your call (e.g., "a professional matter" or "about a friend" or "a research program"). Be aware that "caller ID" technology is now widely available, indicating the registered name and number of the telephone from which you are calling (unless you have arranged for such information to be blocked).

Inquire as to whether the collateral received the letter that was sent. (In many cases, the collateral will not recall it, or may not have read or understood it.) Briefly explain the purpose of your call, then proceed with the interview. (Additional general information on interviewing collaterals can be found in Miller and Marlatt 1984, 1987.)

Items 1–4

Items 1–4 can usually be completed from information provided in the client file. Before starting the interview, be sure to determine accurately the total number of days in the window to be discussed (see item 1a).

Table 4 provides recommendations for the starting and ending dates for 90–ACS interviews.

TABLE 4. Starting and ending dates for 90–ACS assessment windows

	Starting date	Ending date
Intake	Same as 90–AI: 89 days before the date the client reports as his/her last drink	Outpatients: Day before 90–AI interview Inpatients: Day before admission
First followup	Outpatients: Date of first treatment, or if no sessions completed, 5 days after completion of intake	Yesterday
	Inpatients: Date of discharge	Yesterday
Subsequent followups	Date of last Form 90–AC interview	Yesterday

Conducting the Interview

Introduce the first collateral interview with a statement such as:

> "Hello, my name is _____ and I'm calling from _____. I would like to ask you a few questions about _____, who gave us your name as a person who might help us with some information about him/her. As you may know, he/she is participating in a research study designed to learn more about _____. Did you receive the letter that we sent?"

If no, review details.

> "The information you give me will be completely confidential. It will be used only for our research, and we will not share it with [client]."

Later contacts can be introduced with a statement such as:

> "Hello, this is _____ from _____. We have called you before to ask you about _____ and to get your help with the study in which he/she is participating. Can you talk for a few minutes now? Remember that the information you give will be completely confidential. We use it only for our research, and we will not share it with [client]."

These introductory remarks should be given in a natural conversational tone and should not sound like a written script.

Item 5

For Item 5, determine how long the collateral has known the client, and record this information as the number of months (12 per year).

Item 6

Introduce item 6 by explaining the period of time (assessment window) about which you are inquiring. Normally this will be the period from a starting date (see table 4) to the day before the interview. For certain research purposes, however, this window may be adjusted. A common problem is that the period of time asked about in 90–ACS does not correspond exactly with the assessment window used in interviewing the client for followup. If direct correspondence is crucial, then the period asked about should be the same as was covered with the client in Form 90–AF.

For item 6, use the script questions to determine the number of days during this assessment window when the collateral was in contact with the client. Record the number of days that they were in contact. Being "in contact" can include in-person shared time or talking by telephone.

Item 7

For item 7, check all of the responses that apply, to indicate the way(s) in which they have been in contact.

Items 8–13

At item 8, ask the question as written. The SO's response may immediately indicate the appropriate alternative, or it may be necessary to ask a further probe to clarify the correct choice (for example, if the collateral says that the client was drinking you might ask whether the

collateral suspects or actually observed the drinking). If the appropriate alternative is not immediately clear, read the options and ask the SO to choose the most accurate response. If abstinence is reported (options 1 or 2), record zero (0) for items 9, 11, and 12; and for item 10 (abstinent days) record the total number of days in the assessment window (from item la). Then skip to item 13.

If nonabstinence (options 2 or 3) is reported on item 8, proceed to ask items 9–13 as written. Code "998" to indicate a "Don't know" response. For item 11, use the SEC unit when determining the number of standard drink units consumed per day. This is best done by clarifying the type(s) and amount(s) of alcohol beverages consumed, then making the conversion into SEC units (e.g., by using the BACCuS software). Do not rely upon the collateral to specify a number of drinks without knowing what the collateral is considering to be a "drink."

For item 13, read the question and the alternatives and ask the respondent to choose the most appropriate option.

References

Del Boca, F.K.; Babor, T.F.; and McRee, B. Reliability enhancement and estimation in multisite clinical trials. *J Stud Alcohol Suppl* 12:130–136, 1994.

Gorenstein, E.E. Comprehensive Drinker Profile (review). In: Keyser, D.J., and Sweetland, R.C., eds. *Test Critiques.* Vol. 3. Kansas City, MO: Test Corporation of America, 1985.

Grant, K.A.; Tonigan, J.S.; and Miller, W.R. Comparison of three alcohol consumption measures: A concurrent validity study. *J Stud Alcohol* 56:168–172, 1995.

Leake, C.D., and Silverman, M. The chemistry of alcoholic beverages. In: Kissin, B., and Begleiter, H., eds. *The Biology of Alcoholism.* Vol. 1. New York: Plenum, 1971.

Markham, M.R.; Miller, W.R.; and Arciniega, L. BACCuS 2.01: Computer software for quantifying alcohol consumption. *Behav Res Meth Instru Comput* 25:420–421, 1993.

Matthews, D.B., and Miller, W.R. Estimating blood alcohol concentration: Two computer programs and their applications in therapy and research. *Addict Behav* 4:55–60, 1979.

McLellan, A.T.; Parikh, G.; Bragg, A.; Cacciola, J.; Fureman, B.; and Incmikoski, R. *Addiction Severity Index Administration Manual.* 5th ed. VA Center for Studies of Addiction, Pennsylvania State University, 1990.

Miller, W.R. Behavioral treatment of problem drinkers: A comparative outcome study of three controlled drinking therapies. *J Consult Clin Psychol* 46:74–86, 1978.

Miller, W.R., and Del Boca, F.K. Measurement of drinking behavior using the Form 90 family of instruments. *J. Stud Alcohol (Suppl)* 12:112–118, 1994.

Miller, W.R., and Marlatt, G.A. *Comprehensive Drinker Profile Manual.* Odessa, FL: Psychological Assessment Resources, 1984.

Miller, W.R., and Marlatt, G.A. *Comprehensive Drinker Profile Manual Supplement.* Odessa, FL: Psychological Assessment Resources, 1987.

Miller, W.R.; Heather, N.; and Hall, W. Calculating standard drink units: International comparisons. *Br J Addiction* 86:43–47,1991.

Project MATCH Research Group. Project MATCH: Rationale and methods for a multisite clinical trial matching patients to alcoholism treatment. *Alcoholism Clin Exp Res* 17:1130–1145,1993.

Sobell, L.C., and Sobell, M.B. Timeline follow-back: A technique for assessing self-reported alcohol consumption. In: Litten, R.Z., and Allen, J., eds. *Measuring Alcohol Consumption: Psychosocial and Biological Methods.* Totowa, NJ: Humana Press, 1992. pp. 41–72.

Sobell, L.C., and Sobell, M.B. *Timeline Followback (TLFB) User's Manual.* Toronto: Addiction Research Foundation, 1994.

Sobell, M.B.; Maisto, S.A.; Sobell, L.C.; Cooper, A.M.; Cooper, T.; and Sanders, B. Developing a prototype for evaluating alcohol treatment effectiveness. In: Sobell, L.C.; Sobell, M.B.; and Ward, E., eds. *Evaluating Alcohol and Drug Abuse Treatment Effectiveness: Recent Advances.* New York: Pergamon, 1980. pp. 129–150.

Tonigan, J.S.; Miller, W.R.; and Brown, J.M. The reliability of Form 90: An instrument for assessing alcohol treatment outcome. *J Stud Alcohol* 58:358–364, 1997.

Appendices

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Form 90–AI
Drinking Assessment Interview—Intake

"I'd like to begin by reminding you that whatever you say here is confidential. I am going to be asking you some specific questions about the period from about 3 months before your last drink up until (yesterday/the day of your admission)."

[Place calendar in front of client.]

"Here is a calendar to help you remember this period of time. First of all, when was your last drink?"

[Count back 89 days from the day of last drink, and cross out with Xs the days preceding this period.]

"So the period I'm going to be asking you about is from [beginning date, 89 days prior to last drink] up through [end date]."

"I realize that this is a long period of time to remember things that happened, so we will use this calendar to help you identify events that occurred during this period. Notice that a few events are already printed in the calendar."

[Point out some specific events already printed on the calendar.]

"Were there any particularly memorable things that happened during this time—any birthdays, illnesses or accidents, anniversaries, parties, hospitalizations, vacations, changes in your work or at home, things like that?"

[Record on calendar.]

"Now, the rest of the questions that I will ask you are also about this period, from _____ up through _____. I'll be asking you about your drinking in a few minutes, but first I'd like to know about a few other things. Feel free to take your time in answering, since it is important for you to remember as accurately as you can. Let me know if you're not sure what I am asking, or what I mean by a particular question. OK?"

1. For period from
   ____/____/____
   through
   ____/____/____

2. Number of days in this assessment period:
   _____

3. This is (0) Intake

4. _____ (1) Female
   _____ (2) Male

5. Current body weight in pounds:
   _____

6. Weight was obtained by:
   _____ (1) weighing
   _____ (2) self-report

7. This interview was conducted:
   _____ (1) on site
   _____ (2) by telephone
   _____ (3) home visit
   _____ (4) other location

Treatment/Incarceration/Living Experiences

"During this period, how many days did you spend in a hospital or treatment program where you stayed overnight?"

[Mark days on calendar]

Total number of hospital days for medical problems	8. _____ Hm
Total number of hospital days for detoxification	9. _____ Htox
Total number of nonhospital residential detox days	10. _____ Rtox
Total number of ambulatory detox treatment days	11. _____
Total number of residential days alcohol treatment	12. _____ Ra
Total number of residential days for other drug problems	13. _____ Rd
Total residential days for emotional/psych problems	14. _____ Rp
Total days in residential treatment during this period [Sum of 8 + 9 + 10 + 12 + 13 + 14: Do not include 11.]	15. _____ Total

"During this period, did you spend any time in jail or prison?"

[Mark days on calendar.]

Total days incarcerated during period	16. _____ In
Total days in institutions [Add 15 + 16.]	17. _____ Total

"During this period, where did you live? How many days did you live in the following?"

[Do not record on calendar unless useful as memory aids.]

Total number of days in own house, apartment, room	18. _____
Total number of days living with others (no rent)	19. _____
Total number of days living in halfway house	20. _____
Total number of days homeless (shelters, etc.) [Items 17 + 18 + 19 + 20 + 21 must equal item 2.]	21. _____

"During this period, how many days were there (not including hospital or detox days) when you saw a doctor, nurse, nurse practitioner, or physician's assistant for any kind of medical care?"

[Do not record on calendar unless useful as memory aids.]

Total days seen for medical care 22. _____

"During this period, on how many days did you have a session with a counselor or therapist?"

[Do not record on calendar unless useful as memory aids.]

Total number of days for alcohol problems** 23. _____

Total number of days for other drug problems** 24. _____

[** Administer the Treatment Experiences Questionnaire if client received alcohol or drug treatment.]

Total days for emotional/psychological problems 25. _____
[If treatment was received, describe briefly here:] _____

_____

"During this period, on how many days did you attend a meeting of Alcoholics Anonymous or another 12-step meeting?"

[Do not record on calendar unless useful as memory aids.]

Total number of days attending 12-step meetings [Enter 0 if none.] 26. _____

Other Activities

[Do not enter activity days on the calendar unless they appear to be of value for recalling drinking]

"How many days have you been paid for working during this period?" 27. _____ Work

"How many days have you been in school or training during this period?" 28. _____ Education

"On how many days during this time did you attend a worship service or other religious celebration?" 29. _____ Religious Attendance

Medications

"During this period, on how many days did you take any medications prescribed by a physician?"

[Do not enter medication days on the calendar unless they appear to be of memory value.]

To treat a medical problem — 30. _____
Specify medication: _____

To prevent you from drinking (antidipsotropic only) — 31. _____

To help you detoxify/come off alcohol or another drug — 32. _____
Specify medication: _____

To help you stabilize or change your use of drugs other than alcohol

Maintaining/stabilizing drugs (e.g., methadone) — 33. _____
Specify medication: _____

Drug antagonists/blockers — 34. _____
Specify medication: _____

For psychological or emotional problems — 35. _____
Specify medication: _____

Periods of Abstinence

"Now I'd like to ask you about your drinking during this same period. The things already recorded on the calendar here may help you to remember better. First of all, were there any periods of days when you had nothing to drink at all?"

[Mark all abstinent days as "A" on calendar.]

Date of first drink during period — 36. ____/____/____

Date of last drink during period — 37. ____/____/____

"During this period of time, when you were drinking, I'd like to see if your pattern was at all similar from one week to the next, at least for a few of these weeks. I realize that drinking will vary from day to day and from week to week, but I want to know if there was any similarity among weeks. Was there any consistency to your drinking from week to week?"

[If NO, skip to item 42, episodic pattern charts. If YES, continue and complete steady pattern grid(s).]

"Could you describe for me a usual or typical week of drinking. In a typical week, let's start with weekdays—Monday through Friday. What did you normally drink in the morning, from the time you got up until about lunchtime?"

[Record on steady pattern grid.]

[For each drinking period, obtain time estimates to allow BAC calculation. For example:]

"About what time did you normally have your first drink? ... And when did you usually finish the last one?"

"Now how about weekday afternoons, including what you drank with lunch up through the afternoon until dinner time—what did you normally drink on weekday afternoons, Monday through Friday?"

[Record on grid.]

"And how about weekday evenings? What did you normally drink with dinner, up through the rest of the evening, until the time you went to sleep?"

[Record on grid.]

[Repeat same instructions for weekend days.]

P1—Steady Pattern Grid 1

	Morning	Afternoon	Evening	Total SECs
MON	Time:	Time:	Time:	_____._____
TUE	Time:	Time:	Time:	_____._____
WED	Time:	Time:	Time:	_____._____
THU	Time:	Time:	Time:	_____._____
FRI	Time:	Time:	Time:	_____._____
SAT	Time:	Time:	Time:	_____._____
SUN	Time:	Time:	Time:	_____._____

Total number of standard drinks (SECs) per week 38. _____._____

Estimated BAC peak for steady pattern week (mg%) 39. _____

[Enter all days of this pattern on calendar as P1.]

[If the above pattern does not describe all drinking weeks, ask:]

"Now on the other weeks when you were drinking, was your drinking at all the same from week to week?"

[If YES, complete steady pattern grid 2. If NO, proceed to item 42, episodic pattern charts.]

P2—Steady Pattern Grid 2

	Morning	Afternoon	Evening	Total SECs
MON	Time:	Time:	Time:	_____._____
TUE	Time:	Time:	Time:	_____._____
WED	Time:	Time:	Time:	_____._____
THU	Time:	Time:	Time:	_____._____
FRI	Time:	Time:	Time:	_____._____
SAT	Time:	Time:	Time:	_____._____
SUN	Time:	Time:	Time:	_____._____

Total number of standard drinks (SECs) per week 40. _____._____

Estimated BAC peak for steady pattern week (mg%) 41. _____

[Enter all days of this pattern on calendar as P2.]

Episodic Pattern Charts

Instructions when steady pattern grids were completed:

"Now that we have your regular pattern, I'd like you to tell me about times during this period when your drinking was different from this. Look at the calendar again, and think back over this period. When were times that you had more or less than your regular amount to drink?"

Instructions when no regular pattern was detected (steady pattern grids have been skipped):

"If you didn't have a regular pattern from week to week, tell me about times when you did drink during the period on this calendar."

Followthrough for all clients (when a particular episode is identified):

"Did that happen more than once during this period?"

[If NO, record data directly on the calendar. If YES, record as episode type 1 below and continue.]

"Now, using the calendar, which were the days when your drinking was about like that?"

[Record El in the middle of those day blocks.]

[Continue to probe in this manner for up to two other episode types: E2 and E3 days.]

[If no repeated episode types can be identified, proceed to fill in the calendar day by day.]

E1 Episode Type 1

Beverages and amounts: _____

Total SECs 42. _____._____

Time to consume: _____

Estimated peak BAC for episode type 1 (mg%) 43. _____

[Record on calendar as El.]

E2 Episode Type 2

Beverages and amounts: _____

Total SECs 44. _____._____

Time to consume: _____

Estimated peak BAC for episode type 2 (mg%) 45. _____

[Record on calendar as E2.]

E3 Episode Type 3

Beverages and amounts: _____

Total SECs 46. _____._____

Time to consume: _____

Estimated peak BAC for episode type 3 (mg%) 47. _____

[Record on calendar as E3.]

[Proceed to fill in any other drinking days on calendar not accounted for by P or E codes. Then identify the THREE HEAVIEST DRINKING DAYS in the calendar. If not P or E days, obtain the time of first drink and last drink, to permit BAC calculation.]

Other Drug Use

"Now I'm going to show you this set of cards. Each card names a kind of drug that people sometimes use. I'd like you to sort them into two piles for me. In one pile here [indicate position] I'd like you to place those cards that name a kind of drug that you have tried at least once in your life. In the other pile here [indicate position], place the cards that name types of drugs that you have never tried at all."

[Give cards to client in numerical order with nicotine on top, cannabis next, and so on. Use the header cards provided ("Drugs I have used at least once" and "Drugs I have not used") to mark where the two piles are to be placed. Emphasize that you are asking about drug use *ever* in the client's life. When the sorting is complete, take the NO (never used) pile, and check all these categories as "NO" in the Lifetime Use column on items 48–58. Continue with the YES pile.]

"Now for each of these types of drugs, I'd like you to give me an estimate of how long you have used them in your lifetime. What I will want to know is: during how many weeks during your lifetime have you used each type of drug at least once. Let's start with [use nicotine, or first YES card from numerical sequence]. How many weeks, during your lifetime, would you say that you used _____ at least once?"

[Record response. It may be recorded in months or years, but must always be converted into weeks. Repeat for each YES drug card. Then give YES pile back to client.]

"Now I'd like you to sort these again to say which kinds of drugs you have used at least once during the period we've been talking about on this calendar, from _____ up through _____. If you used the drug at least once during this time, put it in a pile here [indicate "Drugs I have used at least once" pile], and if you never used it at all during this period, put it here [indicate "Drugs I have have not used" pile]."

[Alternatively, if there are few cards, simply ask: "Which of these have you used at least once during this period we've been talking about . . ." Be clear that you are now asking about recent use during a specified calendar period.]

[For each of the YES cards, specify the drug(s) used and ask:]

"During this period, how many days would you say you used _____?"

[Record on items 48–58 and repeat for all YES cards.]

Other Drug Use Chart

	Lifetime Use?	Weekly Use Year=52, Month=4	Current period
48. Nicotine Specify:	____(0)No ____(1)Yes	Lifetime weeks: _____	_____Days Cigarettes per day in current period:
49. Cannabis Specify:	____(0)No ____(1)Yes	Lifetime weeks: _____	_____Days
50. Sedatives Specify:	____(0)No ____(1)Yes	Lifetime weeks: _____	_____Days
51. Hypnotics Specify:	____(0)No ____(1)Yes	Lifetime weeks: _____	_____Days
52. Steroids Specify:	____(0)No ____(1)Yes	Lifetime weeks: _____	_____Days
53. Amphetamines Specify:	____(0)No ____(1)Yes	Lifetime weeks: _____	_____Days
54. Cocaine Specify:	____(0)No ____(1)Yes	Lifetime weeks: _____	_____Days
55. Hallucinogens Specify:	____(0)No ____(1)Yes	Lifetime weeks: _____	_____Days
56. Inhaled Toxicants Specify:	____(0)No ____(1)Yes	Lifetime weeks: _____	_____Days
57. Opiates Specify:	____(0)No ____(1)Yes	Lifetime weeks: _____	_____Days
58. Other Drugs Specify:	____(0)No ____(1)Yes	Lifetime weeks: _____	_____Days

Form 90–AF
Followup Interview Assessment of Drinking and Related Behaviors

"Now, as in the interview(s) you've had before, I'd like to remind you that whatever you say here is confidential. I am going to be asking you some specific questions about the period of time from _____ up through yesterday."

[Place calendar in front of client.]

"Here is a calendar to help you remember this period of time.I realize that this is a long period of time to remember things that happened, so we will use this calendar to help you identify events that occurred during this period. As before, you can see that there are some events already printed on the calendar. Were there any particularly memorable things that happened during this time—any birthdays, illnesses or accidents, anniversaries, parties, hospitalizations, vacations, changes in your work or at home, things like that?"

[Record on calendar.]

"Now, the rest of the questions that I will ask you are also about this time period, from _____ up through yesterday. I'll be asking about your drinking in a few minutes, but first I'd like to know about a few other things. Feel free to take your time in answering, because it is important for you to remember as accurately as you can. Let me know if you're not sure what I am asking, or what I mean by a particular question. OK?"

1. For period from
   ____/____/____
   through
   ____/____/____

2. Number of days in this assessment period:
   _____

3. This is _____-month followup

4. _____ (1) Female
   _____ (2) Male

5. Current body weight in pounds:
   _____

6. Weight was obtained by:
   _____ (1) weighing
   _____ (2) self-report

7. This interview was conducted:
   _____ (1) on site
   _____ (2) by telephone
   _____ (3) home visit
   _____ (4) other location

Treatment/Incarceration/Living Experiences

"During this period, how many days did you spend in a hospital or treatment program where you stayed overnight?"

[Mark days on calendar.]

Total number of hospital days for medical problems	8. _____ Hm
Total number of hospital days for detoxification	9. _____ Htox
Total number of nonhospital residential detox days	10. _____ Rtox
Total number of ambulatory detox treatment days	11. _____
Total number of residential days alcohol treatment	12. _____ Ra
Total number of residential days for other drug problems	13. _____ Rd
Total residential days for emotional/psych problems	14. _____ Rp
Total days in residential treatment during this period [Sum of 8 + 9 + 10 + 12 + 13 + 14: Do not include 11.]	15. _____ Total

"During this period, did you spend any time in jail or prison?"

[Mark days on calendar.]

Total days incarcerated during period	16. _____ In
Total days in institutions [Add 15 + 16.]	17. _____ Total

"During this period, where did you live? How many days did you live in the following?"

[Do not record on calendar unless useful as memory aids.]

Total number of days in own house, apartment, room	18. _____
Total number of days living with others (no rent)	19. _____
Total number of days living in halfway house	20. _____
Total number of days homeless (shelters, etc.) [Items 17 + 18 + 19 + 20 + 21 must equal item 2.]	21. _____

"During this period, how many days were there (not including hospital or detox days) when you saw a doctor, nurse, nurse practitioner, or physician's assistant for any kind of medical care?"

[Do not record on calendar unless useful as memory aids.]

Total days seen for medical care 22. _____

"During this period, on how many days did you have a session with a counselor or therapist?"

[Do not record on calendar unless useful as memory aids.]

Total number of days for alcohol problems** 23. _____

Total number of days for other drug problems** 24. _____

[** If alcohol or drug treatment was received, administer the Treatment Experiences Questionnaire.]

Total days for emotional/psychological problems 25. _____
[If treatment was received, describe briefly here:] _____

_____

"During this period, on how many days did you attend a meeting of Alcoholics Anonymous or another 12-step meeting?"

[Do not record on calendar unless useful as memory aids.]

Total number of days attending 12-step meetings [Enter 0 if none.] 26. _____

Other Activities

[Do not enter activity days on the calendar unless they appear to be of value for recalling drinking]

"How many days have you been paid for working during this period?" 27. _____ Work

"How many days have you been in school or training during this period?" 28. _____ Education

"On how many days during this time did you attend a worship service or other religious celebration?" 29. _____ Religious Attendance

Medications

"During this period, on how many days did you take any medications prescribed by a physician?"

[Do not enter medication days on the calendar unless they appear to be of memory value.]

To treat a medical problem — 30. _____
Specify medication: _____

To prevent you from drinking (antidipsotropic only) — 31. _____

To help you detoxify/come off alcohol or another drug — 32. _____
Specify medication: _____

To help you stabilize or change your use of drugs other than alcohol

Maintaining/stabilizing drugs (e.g., methadone) — 33. _____
Specify medication: _____

Drug antagonists/blockers — 34. _____
Specify medication: _____

For psychological or emotional problems — 35. _____
Specify medication: _____

Periods of Abstinence

"Now I'd like to ask you about your drinking during this same period. The things already recorded on the calendar here may help you to remember better. First of all, were there any periods of days when you had nothing to drink at all?"

[Mark all abstinent days as "A" on calendar. NOTE: If the client was mostly abstinent, it may be easier to ask about drinking days first, and record these on the calendar.]

Date of first drink during period — 36. ____/____/____

Date of last drink during period — 37. ____/____/____

"During this period of time, when you were drinking, I'd like to see if your pattern was at all similar from one week to the next, at least for a few of these weeks. I realize that drinking will vary from day to day and from week to week, but I want to know if there was any similarity among weeks. Was there any consistency to your drinking from week to week?"

[If NO, skip to item 42, episodic pattern charts. If YES, continue and complete steady pattern grid(s).]

"Could you describe for me a usual or typical week of drinking. In a typical week, let's start with weekdays—Monday through Friday. What did you normally drink in the morning, from the time you got up until about lunchtime?"

[Record on steady pattern grid.]

[For each drinking period, obtain time estimates to allow BAC calculation. For example:]

"About what time did you normally have your first drink? ... And when did you usually finish the last one?"

"Now how about weekday afternoons, including what you drank with lunch up through the afternoon until dinner time—what did you normally drink on weekday afternoons, Monday through Friday?"

[Record on grid.]

"And how about weekday evenings? What did you normally drink with dinner, up through the rest of the evening, until the time you went to sleep?"

[Record on grid. Repeat same instructions for weekend days.]

P1—Steady Pattern Grid 1

	Morning	Afternoon	Evening	Total SECs
MON	Time:	Time:	Time:	_____._____
TUE	Time:	Time:	Time:	_____._____
WED	Time:	Time:	Time:	_____._____
THU	Time:	Time:	Time:	_____._____
FRI	Time:	Time:	Time:	_____._____
SAT	Time:	Time:	Time:	_____._____
SUN	Time:	Time:	Time:	_____._____

Total number of standard drinks (SECs) per week 38. _____._____

Estimated BAC peak for steady pattern week (mg%) 39. _____

[Enter all days of this pattern on calendar as P1.]

[If the above pattern does not describe all drinking weeks, ask:]

"Now on the other weeks when you were drinking, was your drinking at all the same from week to week?"

[If YES, complete steady pattern grid 2. If NO, proceed to item 42, episodic pattern charts.]

P2—Steady Pattern Grid 2

	Morning	Afternoon	Evening	Total SECs
MON	Time:	Time:	Time:	_____._____
TUE	Time:	Time:	Time:	_____._____
WED	Time:	Time:	Time:	_____._____
THU	Time:	Time:	Time:	_____._____
FRI	Time:	Time:	Time:	_____._____
SAT	Time:	Time:	Time:	_____._____
SUN	Time:	Time:	Time:	_____._____

Total number of standard drinks (SECs) per week 40. _____._____

Estimated BAC peak for steady pattern week (mg%) 41. _____

[Enter all days of this pattern on calendar as P2.]

Episodic Pattern Chart

Instructions when steady pattern grids were completed:

"Now that we have your regular pattern, I'd like you to tell me about times during this period when your drinking was different from this pattern. Look at the calendar again, and think back over this period. When were times that you had more or less than your regular amount to drink?"

Instructions when no regular pattern was detected (steady pattern grids have been skipped):

"If you didn't have a regular pattern from week to week, tell me about times when you did drink during the period on this calendar."

Followthrough for all clients (when a particular episode is identified):

"Did that happen more than once during this period?"

[If NO, record data directly on the calendar. If YES, record as episode type 1 below and continue.]

"Now, using the calendar, which were the days when your drinking was about like that?"

[Record El in the middle of those day blocks.]

[Continue to probe in this manner for up to two other episode types: E2 and E3 days.]

[If no repeated episode types can be identified, proceed to fill in the calendar day by day.]

E1 Episode Type 1

Beverages and amounts: _____

Total SECs 42. _____._____

Time to consume: _____

Estimated peak BAC for episode type 1 (mg%) 43. _____

[Record on calendar as El.]

E2 Episode Type 2

Beverages and amounts: _____

Total SECs 44. _____._____

Time to consume: _____

Estimated peak BAC for episode type 2 (mg%) 45. _____

[Record on calendar as E2.]

E2 Episode Type 3

Beverages and amounts: _____

Total SECs 46. _____._____

Time to consume: _____

Estimated peak BAC for episode type 3 (mg%) 47. _____

[Record on calendar as E3.]

[Proceed to fill in any other drinking days on calendar not accounted for by P or E codes. Then identify the THREE HEAVIEST DRINKING DAYS in the calendar. If not P or E days, obtain the time of first drink and last drink, to permit BAC calculation.]

Other Drug Use

"Now I'm going to show you this set of cards, which you have seen before. Each card names a kind of drug that people sometimes use. I'd like you to sort them into two piles for me. In one pile here [indicate position and use marker card] I'd like you to place those cards that name a kind of drug that you have used at least once during this period. In the other pile here [indicate position and use marker card], place the cards that name types of drugs that you have not used at all, not even once, during this period."

[Give cards to client in numerical order, with nicotine on top, cannabis next, and so on. When the sorting has been completed, take the NO pile and mark all these categories as zero (0) days on items 48–58, respectively. Then for each of the YES cards, ask about specific drug(s) and route(s) of administration. For example:

"Which drug(s) from this group have you used at least once during this period? And how did you take it?"

[Routes of administration include oral ingestion, smoke, nasal inhalation, and needle injection.]

[Record on items 48–58.]

[Also determine frequency of use for each drug class:]

"During this period, on how many days would you say you used _____?"

[Record on items 48–58 and repeat for all YES cards.]

[If the reported use in a drug category qualifies (see table 2, page 36), enter the number of days of use for that category on the drug use chart. If the reported use does not qualify (e.g., prescribed use for less than 30 days), enter zero (0) days even though the client initially placed the card in the YES pile.]

Current Drug Use

	Days*
Nicotine Specify number of cigarettes per day in current period: _____	48. _____
Cannabis Specify:	49. _____
Sedatives Specify:	50. _____
Hypnotics Specify:	51. _____
Steroids Specify:	52. _____
Amphetamines Specify:	53. _____
Cocaine Specify:	54. _____
Hallucinogens Specify:	55. _____
Inhaled Toxicants Specify:	56. _____
Opiates Specify:	57. _____
Other drugs Specify:	58. _____

*Days = Total number of days in which any drug from the class was used during this followup window. Do not include drugs used during prior followup windows but not this window. Do not report drug use that does not qualify (see table 2, page 36).

Remote Reconstruction

[Complete only when the period being reconstructed is from a prior missed followup (not the most recent period). ALWAYS attempt items 1–37 and 48–58, but highest priority should be given to items 36–37 and the information below.]

[Indicate the present followup period from which reconstruction is being conducted (not the period being reconstructed).]

PRESENT followup point is 59. _____ months

[If the calendar can be reconstructed with reasonable confidence, do so, to obtain daily consumption data needed for summary statistics. If day-by-day reconstruction is not viable, complete the following procedure instead:]

Total number of abstinent (A) days in reconstructed period 60. _____

Total number of drinking days in same period
[Note: 60 + 61 must equal item 2.] 61. _____

Total number of drinking days with 6 drinks (SECs) or more per day [Use "one drink" graphic if needed.] 62. _____

Average SECs per drinking day from the most recent followup period [Obtain from summary statistics for current period.] 63. _____

Multiplier 64. _____

[What is needed here is a multiplier that best captures the client's comparison of these two periods. It is not likely that most clients could generate this number themselves. Rather, the interviewer must make the decision, based on the client's report. Some examples:

Client's description	Multiplier
About half as much	0.50
About the same	1.00
Just a little more	1.10
About half again as much	1.50
Twice as much	2.00
Four times as much	4.00

[See also manual instructions.]

Estimated SECs/drinking day in reconstructed period [item 64 x item 63]	65. _____
Estimated SECs in reconstructed period [item 61 x item 65]	66. _____

ONE STANDARD DRINK IS:

BEER

10 oz

WINE

4 oz

80 PROOF LIQUOR

1¼ oz

100 PROOF LIQUOR

1.0 oz

Form 90–AT
Client Telephone Assessment of Drinking and Related Behaviors

[If the client's cooperation seems tenuous, complete Form 90–AQ first to obtain critical variables, then proceed with 90–AT.]

"Now, as in the interview(s) you've had before, I'd like to remind you that whatever you say here is confidential. I am going to be asking you some specific questions about the period of time from _____ up through yesterday."

[If calendar has been mailed and received, have the client refer to it now. If not, ask the client to get a regular calendar.]

"The calendar should help you remember this period of time. I realize that this is a long period of time to remember things that happened, so we will use this calendar to help you identify events that occurred during this period. (As before, you can see that there are some events already printed on the calendar.) Were there any particularly memorable things that happened during this time—any birthdays, illnesses or accidents, anniversaries, parties, hospitalizations, vacations, changes in your work or at home, things like that?"

[Record on your calendar.]

"Now, the rest of the questions that I will ask you are also about this time period, from _____ up through yesterday. I'll be asking you about your drinking in a few minutes, but first I'd like to know about a few other things. Feel free to take your time in answering, because it is important for you to remember as accurately as you can. Let me know if you're not sure what I am asking, or what I mean by a particular question. OK?"

1. For period from ____/____/____ through ____/____/____

2. Number of days in this assessment period: _____

3. This is _____-month followup

4. _____ (1) Female
   _____ (2) Male

5. Current body weight in pounds: _____

6. Weight was obtained by:
   _____ (1) weighing or
   _____ (2) self-report

7. This interview was conducted:
   _____ (2) by telephone

Treatment/Incarceration/Living Experiences

"During this period, how many days did you spend in a hospital or treatment program where you stayed overnight?"

[Mark days on calendar.]

Total number of hospital days for medical problems	8. _____ Hm
Total number of hospital days for detoxification	9. _____ Htox
Total number of nonhospital residential detox days	10. _____ Rtox
Total number of ambulatory detox treatment days	11. _____
Total number of residential days alcohol treatment	12. _____ Ra
Total number of residential days for other drug problems	13. _____ Rd
Total residential days for emotional/psych problems	14. _____ Rp
Total days in residential treatment during this period [Sum of 8 + 9 + 10 + 12 + 13 + 14: Do not include 11.]	15. _____ Total

"During this period, did you spend any time in jail or prison?"

[Mark days on calendar.]

Total days incarcerated during period	16. _____ In
Total days in institutions [Add 15 + 16.]	17. _____ Total

"During this period, where did you live? How many days did you live in the following?"

[Do not record on calendar unless useful as memory aids.]

Total number of days in own house, apartment, room	18. _____
Total number of days living with others (no rent)	19. _____
Total number of days living in halfway house	20. _____
Total number of days homeless (shelters, etc.) [Items 17 + 18 + 19 + 20 + 21 must equal item 2.]	21. _____

"During this period, how many days were there (not including hospital or detox days) when you saw a doctor, nurse, nurse practitioner, or physician's assistant for any kind of medical care?"

[Do not record on calendar unless useful as memory aids.]

Total days seen for medical care 22. _____

"During this period, on how many days did you have a session with a counselor or therapist?"

[Do not record on calendar unless useful as memory aids.]

Total number of days for alcohol problems** 23. _____

Total number of days for other drug problems** 24. _____

[** If alcohol or drug treatment was received, administer the Treatment Experiences Questionnaire.]

Total days for emotional/psychological problems 25. _____
[If treatment was received, describe briefly here:] _____

_____

"During this period, on how many days did you attend a meeting of Alcoholics Anonymous or another 12-step meeting?"

[Do not record on calendar unless useful as memory aids.]

Total number of days attending 12-step meetings [Enter 0 if none.] 26. _____

Other Activities

[Do not enter activity days on the calendar unless they appear to be of value for recalling drinking]

"How many days have you been paid for working during this period?" 27. _____ Work

"How many days have you been in school or training during this period?" 28. _____ Education

"On how many days during this time did you attend a worship service or other religious celebration?" 29. _____ Religious Attendance

Medications

"During this period, on how many days did you take any medications prescribed by a physician?"

[Do not enter medication days on the calendar unless they appear to be of memory value.]

To treat a medical problem — 30. _____
Specify medication: _____

To prevent you from drinking (antidipsotropic only) — 31. _____

To help you detoxify/come off alcohol or another drug — 32. _____
Specify medication: _____

To help you stabilize or change your use of drugs other than alcohol

Maintaining/stabilizing drugs (e.g., methadone) — 33. _____
Specify medication: _____

Drug antagonists/blockers — 34. _____
Specify medication: _____

For psychological or emotional problems — 35. _____
Specify medication: _____

Periods of Abstinence

"Now I'd like to ask you about your drinking during this same period. The calendar may help you to remember better. First of all, were there periods of days when you had nothing to drink at all?"

[Mark all abstinent days as "A" on calendar. NOTE: If the client was mostly abstinent, it may be easier to ask about drinking days first, and record these on the calendar.]

Date of first drink during period — 36. ____/____/____

Date of last drink during period — 37. ____/____/____

"During this period of time, when you were drinking, I'd like to see if your pattern was at all similar from one week to the next, at least for a few of these weeks. I realize that drinking will vary from day to day and from week to week, but I want to know if there was any similarity among weeks. Was there any consistency to your drinking from week to week?"

[If NO, skip to item 42, episodic pattern charts. If YES, continue and complete steady pattern grids.]

"Could you describe for me a usual or typical week of drinking, then. In a typical week, let's start with weekdays—Monday through Friday. What did you normally drink in the morning, from the time you got up until about lunchtime?"

[Record on steady pattern grid.]

[For each drinking period, obtain time estimates to allow BAC calculation. For example:]

"About what time did you normally have your first drink? ... And when did you usually finish the last one?"

"Now how about weekday afternoons, including what you drank with lunch up through the afternoon until dinner time—what did you normally drink on weekday afternoons, Monday through Friday?"

[Record on grid.]

"And how about weekday evenings? What did you normally drink with dinner, up through the rest of the evening, until the time you went to sleep?"

[Record on grid. Repeat same instructions for weekend days.]

P1—Steady Pattern Grid 1

	Morning	Afternoon	Evening	Total SECs
MON	Time:	Time:	Time:	_____._____
TUE	Time:	Time:	Time:	_____._____
WED	Time:	Time:	Time:	_____._____
THU	Time:	Time:	Time:	_____._____
FRI	Time:	Time:	Time:	_____._____
SAT	Time:	Time:	Time:	_____._____
SUN	Time:	Time:	Time:	_____._____

Total number of standard drinks (SECs) per week 38. _____._____

Estimated peak BAC for steady pattern week (mg%) 39. _____

[Enter all days of this pattern on calendar as P1.]

[If the above pattern does not describe all drinking weeks, ask:]

"Now on the other weeks when you were drinking, was your drinking at all the same from week to week?"

[If YES, complete steady pattern grid 2. If NO, proceed to item 42, episodic pattern charts.]

P2—Steady Pattern Grid 2

	Morning	Afternoon	Evening	Total SECs
MON	Time:	Time:	Time:	_____._____
TUE	Time:	Time:	Time:	_____._____
WED	Time:	Time:	Time:	_____._____
THU	Time:	Time:	Time:	_____._____
FRI	Time:	Time:	Time:	_____._____
SAT	Time:	Time:	Time:	_____._____
SUN	Time:	Time:	Time:	_____._____

Total number of standard drinks (SECs) per week 40. _____._____

Estimated peak BAC for steady pattern week (mg%) 41. _____

[Enter all days of this pattern on calendar as P2.]

Episodic Pattern Chart

Instructions when steady pattern grids were completed:

"Now that we have your regular pattern, I'd like you to tell me about times during this period when your drinking was different from this pattern. Look at the calendar again, and think back over this period. When were times that you had more or less than your regular amount to drink?"

Instructions when no regular pattern was detected (steady pattern grids have been skipped):

"If you didn't have a regular pattern from week to week, tell me about times when you did drink during the period on this calendar."

Followthrough for all clients (when a particular episode is identified):

"Did that happen more than once during this period?"

[If NO, record data directly on the calendar. If YES, record as episode type 1 below and continue.]

"Now, using the calendar, which were the days when your drinking was about like that?"

[Record El in the middle of those day blocks.]

[Continue to probe in this manner for up to two other episode types: E2 and E3 days.]

[If no repeated episode types can be identified, proceed to fill in the calendar day by day.]

E1 Episode Type 1

Beverages and amounts: _____

Total SECs 42. _____._____

Time to consume: _____

Estimated peak BAC for episode type 1 (mg%) 43. _____

[Record on calendar as El.]

E2 Episode Type 2

Beverages and amounts: _____

Total SECs 44. _____._____

Time to consume: _____

Estimated peak BAC for episode type 2 (mg%) 45. _____

[Record on calendar as E2.]

E3 Episode Type 3

Beverages and amounts: _____

Total SECs 46. _____._____

Time to consume: _____

Estimated peak BAC for episode type 3 (mg%) 47. _____

[Record on calendar as E3.]

[Proceed to fill in any other drinking days on calendar not accounted for by P or E codes. Then identify the THREE HEAVIEST DRINKING DAYS in the calendar. If not P or E days, obtain the time of first drink and last drink, to permit BAC calculation.]

Other Drug Use

"Now I'd like to ask you about different kinds of drugs that people sometimes use. For each type that I name, I'd like you to tell me whether you have used any of those drugs at least once during this period that we have been discussing. Remember that this is the period from _(date)_ through _(date)_."

[Read the cards in order, including the examples listed on each card, asking:]

"During this period, did you use any drugs with nicotine—nicotine cigarettes, snuff or dip, chewing tobacco, or a nicotine patch or gum? ... Did you use any marijuana or hashish?" and so forth.

[Sort the cards in front of you into two piles—those used and those not used—according to the telephone information given to you by the client. When you have finished this step, take the NO pile and mark all these categories as zero (0) days on items 48–58, respectively. Then for each drug the client used during the assessment window (YES pile), ask about specific drug(s) and route(s) of administration. For example:]

"Which drug(s) from the _____ group have you used at least once during this period? And how did you take it?"

[Record the drugs and routes of administration in the "specify" spaces for items 48–58. For each category, also ask as you go:]

"During this period, on how many days would you say you used _____?"

[Record the days of use for each YES category in the days column for items 48-58. Be sure that the reported use qualifies as drug misuse, according to the criteria specified in table 2 (page 36). If the reported use does not qualify (e.g., prescribed use for less than 30 days), enter zero (0) days even though the client initially reported use.]

Current Drug Use

	Days*
Nicotine Specify number of cigarettes per day in current period:_____	48._____
Cannabis Specify:	49._____
Sedatives Specify:	50._____
Hypnotics Specify:	51._____
Steroids Specify:	52._____
Amphetamines Specify:	53._____
Cocaine Specify:	54._____
Hallucinogens Specify:	55._____
Inhaled Toxicants Specify:	56._____
Opiates Specify:	57._____
Other drugs Specify:	58._____

*Days = Total number of days in which any drug from the class was used during this followup window. Do not include drugs used during prior followup windows but not this window. Do not report drug use that does not qualify (see table 2, page 36).

Remote Reconstruction

[Complete only when the period being reconstructed is from a prior missed followup (not the most recent period). ALWAYS attempt items 1–37 and 48–58, but highest priority should be given to items 36–37 and the information below.]

[Indicate the present followup period from which reconstruction is being conducted (not the period being reconstructed).]

PRESENT followup point is 59. _____ months

[If the calendar can be reconstructed with reasonable confidence, do so, to obtain daily consumption data needed for summary statistics. If day-by-day reconstruction is not viable, complete the following procedure instead:]

Total number of abstinent (A) days in reconstructed period 60. _____

Total number of drinking days in same period
[Note: 60 + 61 must equal item 2.] 61. _____

Total number of drinking days with 6 drinks (SECs) or more per day [Use "one drink" graphic if needed.] 62. _____

Average SECs per drinking day from the most recent followup period [Obtain from summary statistics for current period.] 63. _____

Multiplier 64. _____

[What is needed here is a multiplier that best captures the client's comparison of these two periods. It is not likely that most clients could generate this number themselves. Rather, the interviewer must make the decision, based on the client's report. Some examples:

Client's description	Multiplier
About half as much	0.50
About the same	1.00
Just a little more	1.10
About half again as much	1.50
Twice as much	2.00
Four times as much	4.00

[See also manual instructions.]

Estimated SECs/drinking day in reconstructed period [item 64 x item 63]	65. _____
Estimated SECs in reconstructed period [item 61 x item 65]	66. _____

Form 90–AQ
Quick Drinking Assessment Interview

"I'd like to ask you just six questions about your drinking during the period from _____ up through yesterday. That's a period of _____ days.

"First of all, on how many days during this period did you have at least one drink containing alcohol?"

[Record as item 5a.]

[To confirm the answer to item 5a:]
"So that means there were [item 2 minus item 5] days during this period when you didn't drink at all."

[Confirm and record below.]
[Item 5a + item 5b must = item 2.]

"Now, on those days when you did drink, how much did you have to drink on average?"

[Probe and record as nearest whole number of standard drink units for item 6.]

"Now, of those [read number from item 5a] days on which you drank, on how many did you have six or more drinks?"

[Record as item 7.]

"When was the first day that you had a drink during this period?"

[Record date as item 8.]

"And when was the first day that you had six or more drinks in the same day?"

[Record date as item 9.]

"And when did you have your last drink?"

[Record date as item 10.]

[If appropriate, continue with longer interview such as Form 90–AT.]

1. For period from ____/____/____ through ____/____/____
2. Number of days in this assessment period: _____
3. This is _____-month followup
4. This interview was conducted:
   _____ (1) on site
   _____ (2) by telephone
   _____ (3) home visit
   _____ (4) other location

5a. Total number of drinking days during period: _____

5b. Total number of abstinent days during period: _____

6. Number of standard drinks per drinking day: _____
7. Total number of heavy drinking days during period: _____
8. Date of first drink during period: ____/____/____
9. Date of first heavy drinking day in period: ____/____/____
10. Date of last drink during period: ____/____/____

Form 90–ACS
Collateral Interview on Drinking

SO Name: _____

SO#: _____

"Hello, my name is _____ and I'm calling from _____. I would like to ask you a few questions about _____, who gave us your name as a person who might help us with some information about him/her. As you may know, he/she is participating in a research study designed to learn more about _____. The information you give me will be completely confidential. It will be used only for our research, and we will not share it with _____(client)_____ ."

"How long have you known _____?"

[Record as item 5, coded in months.]

"I want to ask you some questions about the period between _____ and _____ [refer to dates from item 1]. There are a total of __[see 1a]__ days in that period. On how many of those [see 1a] days were you in contact with _____?"

[Record as item 6.]

"How have you been in contact during this time?"

[Check all that apply in item 7.]

1. For period from ____/____/____ through ____/____/____

1a. Number of days in this assessment period: _____

2. This is a _____ (0) intake or _____-month followup

3. Interview conducted:
   _____ (1) in person
   _____ (2) by telephone

4. Relationship to client:
   _____ (1) spouse
   _____ (2) parent
   _____ (3) sibling
   _____ (4) child
   _____ (5) other family
   specify:_____
   _____ (6) friend
   _____ (7) girlfriend/ boyfriend
   _____ (8) employer or coworker
   _____ (9) probation officer
   _____ (0) other
   specify:_____

5. Known client for _____ months

6. Days in contact with client: _____

7. Type of contact:
   _____ (1) live together
   _____ (2) work together
   _____ (3) social visits
   _____ (4) scheduled visits (e.g., probation)
   _____ (5) telephone
   _____ (6) other
   specify:_____

"Now I'm going to ask you some questions about what has been happening with __(client)__ during this period from _____ up to _____. [Use dates from item 1.] Some of these things you may know about, and some you may not. Just give me the best information you can, and let me know if you're not clear what I'm asking. I also want to remind you that what you say is completely confidential and won't be shared with __(client)__ or anyone else outside our research project. Do you have any questions before we begin?"

"First of all, did _____ drink any alcohol during that time period?"

[Determine which of the following statements is the most accurate response. If necessary, read the statements to the SO. Then enter the appropriate code for item 8.]

Code

8. _____ (code 0–3 or 8)

0 I am sure that _____ did not drink during that period.

1 I am reasonably certain that _____ did not drink during that time period.

[If abstinent (0 or 1) enter zero (0) codes for questions 9, 11, and 12, and enter the number of days in the period (from item 1) for question 10. Then skip to question 13.]

2 Yes, I suspect that _____ did drink during that time period, although I did not observe it firsthand.

[Record reason for suspicion here:]

_____

_____

3 I am sure that _____ did drink during that time period because I observed it.

8 I don't know whether _____ did or did not drink during that time period.

"During the period of _____ days that we have been discussing, how many days would you say _____ drank at least some alcohol?"

Total number of drinking days during period
[Enter 998 for don't know.]

9. _____

"That would mean that _____ had nothing to drink at all on [item 1–item 9] days during this period. Does that sound right?"

Total number of abstinent days during period — 10. _____

[Enter 998 for don't know.]

[Adjust items 9 and 10 to equal the number of days in item 1a.]

"On days when _____ drank during this period, how many drinks do you think he/she had, on average?"

[Prompts: What kind of alcohol would he/she usually drink? And how many (beers, etc.) would he/she have in one day?]

Total number of standard drinks per day — 11. _____

[Enter 998 for don't know.]

"On how many days during this period of [item 1] days do you think _____ had 6 or more drinks?"

Total number of heavy drinking days — 12. _____

[Code 998 for don't know.]

"Sometimes during these types of interviews people have to guess in order to answer questions about someone else. To what extent have you guessed during this interview? Would you say:"

Code — 13. _____ (code 1–4)

1 not at all

2 a little

3 a lot

4 completely

[Enter appropriate code in item 13.]

Form 90–DI
Drug Use Assessment (Intake)

"I'd like to begin by reminding you that whatever you say here is confidential. In this first interview, I am going to be asking you some specific questions about your drug use in the 90 days before your last use. I'll be asking about drugs that were prescribed for you as well as others that you have used during this period. [Place calendar in front of client.] Here is a calendar to help you remember this period of time. First of all, when was the last time that you used any drug?"

[Drug is as defined in table 2 on page 36; count back 89 days and cross out with Xs the days preceding this period.]

"So the period I'm going to be asking you about is from [beginning date] up through [end date]."

"I realize that this is a long period of time to remember things that happened, so we will use this calendar to help you identify events that occurred during this period. Notice that a few events are already printed on the calendar."

[Point out some specific events already printed on the calendar.]

"Were there any particularly memorable things that happened during this time—any birthdays, illnesses or accidents, anniversaries, parties, hospitalizations, vacations, changes in your work or at home, things like that?"

[Record on calendar.]

"Now, the rest of the questions that I will ask you are also about this time period, from _____ up through _____. I'll be asking you about your drug use in a few minutes, but first I'd like to know about a few other things. Feel free to take your time in answering, since it is important for you to remember as accurately as you can. Let me know if you're not sure what I am asking, or what I mean by a particular question. OK?"

1. For period from
   ____/____/____
   through
   ____/____/____

2. Number of days in this assessment period:
   _____

3. This is
   (0) Pretreatment

4. _____ (1) Female
   _____ (2) Male

5. Current body weight in pounds:
   _____

6. Weight was obtained by:
   _____ (1) weighing
   _____ (2) self-report

7. This interview was conducted:
   _____ (1) on site
   _____ (2) by telephone
   _____ (3) home visit
   _____ (4) other location

8. Presenting drug
   _____

Treatment/Incarceration/Living Experiences

"During this period, how many days did you spend in a hospital or treatment program where you stayed overnight?"

[Mark days on calendar]

Total number of hospital days for medical problems	9. _____ Hm
Total number of hospital days for detoxification	10. _____ Htox
Total number of nonhospital residential detox days	11. _____ Rtox
Total number of ambulatory detox treatment days	12. _____
Total number of residential days alcohol treatment	13. _____ Ra
Total number of residential days for other drug problems	14. _____ Rd
Total residential days for emotional/psych problems	15. _____ Rp
Total days in residential treatment during this period [Sum of 9 + 10 + 11 + 13 + 14 + 15: Do not include 12.]	16. _____ Total

"During this period, did you spend any time in jail or prison?"

[Mark days on calendar.]

Total days incarcerated during period	17. _____ In
Total days in institutions [Add 16 + 17.]	18. _____ Total

"During this period, where did you live? How many days did you live in the following?"

[Do not record on calendar unless useful as memory aids.]

Total number of days in own house, apartment, room	19. _____
Total number of days living with others (no rent)	20. _____
Total number of days living in halfway house	21. _____
Total number of days homeless (shelters, etc.) [Items 18 + 19 + 20 + 21 + 22 must equal item 2.]	22. _____

"During this period, how many days were there (not including hospital or detox days) when you saw a doctor, nurse, nurse practitioner, or physician's assistant for any kind of medical care?"

[Do not record on calendar unless useful as memory aids.]

Total days seen for medical care 23. _____

"During this period, on how many days did you have a session with a counselor or therapist?"

[Do not record on calendar unless useful as memory aids.]

Total number of days for drug problems (EXCEPT alcohol). 24. _____
[Write down the drug or drugs.]

_____

_____

[If treatment was received, describe briefly:]

_____

_____

Total number of days for alcohol problems 25. _____
[If treatment was received, describe briefly:]

_____

_____

Total days for emotional/psychological problems 26. _____
[If treatment was received, describe briefly:]

_____

_____

"During this period, on how many days did you attend a 12-step meeting like NA, CA, or AA?"

[Do not record on calendar unless useful as memory aids.]

Total number of days attending 12-step meetings 27. _____
[Enter 0 if none.]

Other Activities

[Do not enter activity days on the calendar unless they appear to be of value for recalling drinking]

"How many days have you been paid for working during this period?" 28. _____ Work

"How many days have you been in school or training during this period?" 29. _____ Education

"On how many days during this time did you attend a worship service or other religious celebration?" 30. _____ Religious Attendance

Medications

"During this period, on how many days did you take any medications prescribed by a physician?"

[Do not enter medication days on the calendar unless they appear to be of memory value.]

To treat a medical problem 31. _____
Specify medication: _____

To prevent you from drinking (antidipsotropic only) 32. _____

To help you detoxify/come off drugs or alcohol 33. _____
Specify medication: _____

To help you stabilize or change your use of drugs

Maintaining/stabilizing drugs (e.g., methadone) 34. _____
Specify medication: _____

Drug antagonists/blockers 35. _____
Specify medication: _____

For psychological or emotional problems 36. _____
Specify medication: _____

Drug Assessment

Card Sort

"Now I am going to show you this set of cards. Each card names a kind of drug that people sometimes use. I'd like you to sort them into two piles for me. In one pile here (indicate position and use marker card) I'd like you to place those cards that name a kind of drug that you have tried at least once in your life. In the other pile (indicate position and use marker card), place the cards that name the types of drugs that you have never used at all."

[Give cards to client IN NUMERICAL ORDER—with alcohol on top, nicotine next, cannabis next, and so on. When the sorting has been completed, take the NO pile and check all these categories as "NO" in the Lifetime Use column below.]

[For each card from the "YES" pile, ask:]

"How old were you the first time you used this kind of drug?"

[For convenience, record here the client's current age.] _____ years

Drug Type	Lifetime Use Ever?	Age at First Use	Lifetime Weeks of Use
Alcohol (al)	____(0)No ____(1)Yes		
Nicotine (to)	____(0)No ____(1)Yes		
Cannabis (ma)	____(0)No ____(1)Yes		
Sedatives (tr)	____(0)No ____(1)Yes		
Hypnotics (do)	____(0)No ____(1)Yes		
Steroids (sd)	____(0)No ____(1)Yes		
Amphetamines (up)	____(0)No ____(1)Yes		
Cocaine (co)	____(0)No ____(1)Yes		
Hallucinogens (ha)	____(0)No ____(1)Yes		
Inhaled Toxicants (in)	____(0)No ____(1)Yes		
Opiates (op)	____(0)No ____(1)Yes		
Other Drugs (xx)	____(0)No ____(1)Yes		
	Total Yes:		xxxxxx

[Then continue with the "YES" pile.]

"Now for each of these types of drugs, I'd like you to give me an estimate of how long you have used them in your lifetime. What I will want to know is about how many weeks during your lifetime have you used each type of drug at least once. Let's start with _____."

[Use first YES card from numerical sequence.]

"How many weeks, during your lifetime, would you say that you used _____ at least once?"

[Record responses on the chart on the previous page. Convert all responses into weeks. Year = 52 weeks if used every week, month = 4 weeks, etc. Repeat the query for each YES drug card. Then give YES pile back to client.]

Periods of Abstinence

"Now I'd like to ask you about your drug use during this same period we were discussing before. The things already recorded on the calendar here may help you to remember better. I'm not asking here about drugs that were prescribed for you for medical problems, like antibiotics or stomach or blood pressure medicine. I'm asking about drugs not prescribed for you, although I do want to know about any medication prescribed for pain or to help you relax or sleep. I will also ask you about your use of alcohol. First of all, were there any periods of days during this time when you used no drugs (including alcohol) at all?"

[Mark all abstinent days with a capital "A" on calendar.]

Date of first drug use during period
Drug:_____ 37. ____/____/____

Date of last drug use during period
Drug:_____ 38. ____/____/____

[Give back the YES pile and say:]

"Now I'd like you to sort these cards again to say which kinds of drugs you have used at least once during the period we've been talking about on this calendar, from _____ up through _____. If you used the drug at least once during this time, put it in the pile here (indicate position and use marker card), and if you never used it at all during this period, put it the other pile here (indicate position and use marker card)."

[Alternatively, if there are few cards, simply ask: "Which of these have you used at least once during this period we've been talking about?"]

[For each NO card in this sort, print a zero (0) under "total days used" on the use pattern grid. For the remainder, proceed with the calendar instructions.]

Use Pattern Grid

Drug classes		Total days used	Use*			Oral ingestion	Smoke	Nasal inhale	Needle	Other
			1	2	3					
Alcohol	al						—	—	—	
Nicotine	to								—	
Cannabis	ma								—	
Sedatives	tr						—	—		
Hypnotics	do						—	—		
Steroids	sd						—	—		
Amphetamines	up									
Cocaine	co									
Hallucinogens	ha									
Inhaled Toxicants	in									
Opiates	op					—	—		—	
Other Drugs	xx									
Totals	12									

*Use categories:
1 = Single use, 2 = Several uses, 3 = Steady or heavier use

Enter days of each type of use. 1+2+3 must equal total days of use.]

[Enter days of each route of administration. These must total to at least the number of days of use, but total may be higher if multiple routes of administration were used on the same day.]

[If "other" route of administration, specify drug(s) and route here: _____]

Calendar

[Show the client the categories for days of use.]

"Now I'd like to ask you about each of the drugs that you have used during this period. I'd want to get an idea of what your pattern of use was during this period of time for each of these drugs. We'll use this calendar to make it easier. Let's start with _____. When were you using _____ during this period?"

[Proceed drug by drug, entering drug codes for each day of use. For a day on which alcohol, cannabis, and cocaine were used, for example, three codes would be entered into the box for that day: al, ma, co. Using different colored pencils for different drugs can be helpful.]

[Using the calendar, carefully count the total number of days of use during the assessment period for each drug class, and put this information on the use pattern grid.]

"Now I'm going to go back through these drugs once again and ask you two more questions about each. For each one, I will tell you the total number of days that you said you used the drug during this period, and I will want to know how many of those days you think fell into each of these three categories."

[Show client categories for days of use.]

"According to the calendar we did, you used _____ on a total of _____ days during this period. Help me divide those days up among these three categories. On how many of those _____ days would you say that you used _____ only once? How many of those days did your use fall in between? And that would mean that on _____ days your use of _____ fell in this third category—does that seem right? And how did you give yourself (take) _____ during this period of time we have been talking about? Any other way?"

[If more than one route of administration for a drug class, ask:]

"According to the calendar we did, you used _____ on a total of _____ days during this period. On how many of those _____ days would you say that you gave yourself [drug] by [route] ?"

[Repeat for each drug class. Be sure you have accounted for all days of use. The total across routes of administration should be at least the same as the number of days of use, although the total may be higher if multiple routes are used on the same day.]

[Fill in the information on the use pattern grid. Be sure 1+2+3 totals to the number of days of use.]

[When you have completed the calendar for all drug classes used, show the client the confidence scale and ask:]

"Now I'd like you to tell me, using this line, how confident you feel about the information you've given me about your drug use. How accurate do you think you have been in estimating your drug use on this calendar? I'm not asking if you got each drug on the exact days you used it. But overall, how accurate is this calendar in showing how much you used drugs during this period?"

5	4	3	2	1
Very Accurate		**Fairly Accurate**		**Not at all Accurate**

CATEGORIES FOR DAYS OF USE

(1) ***Single use.*** On this day you used the drug only once.

Examples: One alcoholic drink

One cigarette

One dose

(2) ***Medium use***. On this day you used the drug more than once, but not steadily or heavily.

Examples: 2–4 drinks

2–9 cigarettes

Two doses of other drugs

(3) ***Heavier use.*** On this day you used the drug more heavily than the "medium" category.

Examples: 5 or more drinks

10 or more cigarettes (half a pack or more)

Three or more doses of other drugs

WAYS OF TAKING DRUGS

Orally	Eating, drinking, swallowing, placing the drug under the tongue, chewing, dipping
Smoking	Lighting and smoking the drug
Inhaling	Snorting, breathing in the drug (but not smoking)
Injecting	Taking a drug by needle; injecting under the skin or into a vein

---

CONFIDENCE SCALE

5	4	3	2	1
Very Accurate		**Fairly Accurate**		**Not at all Accurate**

Form 90–DF
Drug Use Assessment (Followup)

"Now, as in the interview(s) you've had before, I'd like to remind you that whatever you say here is confidential. I am going to be asking you some specific questions about your drug use in the time period from _____ up through yesterday. I'll be asking about drugs that were prescribed for you as well as others that you have used during this period."

[Place calendar in front of client.]

"Here is a calendar to help you remember this period of time."

"I realize that this is a long period of time to remember things that happened, so we will use this calendar to help you identify events that occurred during this period. As before, there are some events already printed on the calendar. Were there any particularly memorable things that happened during this time—any birthdays, illnesses or accidents, anniversaries, parties, hospitalizations, vacations, changes in your work or at home, things like that?"

[Record on calendar.]

"Now, the rest of the questions that I will ask you are also about this time period, from _____ up through yesterday. I'll be asking you about your drug use in a few minutes, but first I'd like to know about a few other things. Feel free to take your time in answering, since it is important for you to remember as accurately as you can. Let me know if you're not sure what I am asking, or what I mean by a particular question. OK?"

1. For period from
   ____/____/____
   through
   ____/____/____

2. Number of days in this assessment period:
   _____

3. This is _____-month followup

4. _____ (1) Female
   _____ (2) Male

5. Current body weight in pounds:
   _____

6. Weight was obtained by:
   _____ (1) weighing
   _____ (2) self-report

7. This interview was conducted:
   _____ (1) on site
   _____ (2) by telephone
   _____ (3) home visit
   _____ (4) other location

Treatment/Incarceration/Living Experiences

"During this period, how many days did you spend in a hospital or treatment program where you stayed overnight?"

[Mark days on calendar]

Total number of hospital days for medical problems	8. _____ Hm
Total number of hospital days for detoxification	9. _____ Htox
Total number of nonhospital residential detox days	10. _____ Rtox
Total number of ambulatory detox treatment days	11. _____
Total number of residential days alcohol treatment	12. _____ Ra
Total number of residential days for other drug problems	13. _____ Rd
Total residential days for emotional/psych problems	14. _____ Rp
Total days in residential treatment during this period [Sum of 8 + 9 + 10 + 12 + 13 + 14: Do not include 11.]	15. _____ Total

"During this period, did you spend any time in jail or prison?"

[Mark days on calendar.]

Total days incarcerated during period	16. _____ In
Total days in institutions [Add 15 + 16.]	17. _____ Total

"During this period, where did you live? How many days did you live in the following?"

[Do not record on calendar unless useful as memory aids.]

Total number of days in own house, apartment, room	18. _____
Total number of days living with others (no rent)	19. _____
Total number of days living in halfway house	20. _____
Total number of days homeless (shelters, etc.) [Items 17 + 18 + 19 + 20 + 21 must equal item 2.]	21. _____

"During this period, how many days were there (not including hospital or detox days) when you saw a doctor, nurse, nurse practitioner, or physician's assistant for any kind of medical care?"

[Do not record on calendar unless useful as memory aids.]

Total days seen for medical care 22. _____

"During this period, on how many days did you have a session with a counselor or therapist?"

[Do not record on calendar unless useful as memory aids.]

Total number of days for drug problems (EXCEPT alcohol) 23. _____
[Write down the drug or drugs.]

_____

_____

[If treatment was received, describe briefly:]

_____

_____

Total number of days for alcohol problems 24. _____
[If treatment was received, describe briefly:]

_____

_____

Total days for emotional/psychological problems 25. _____
[If treatment was received, describe briefly:]

_____

_____

"During this period, on how many days did you attend a 12-step meeting like NA, CA, or AA?"

[Do not record on calendar unless useful as memory aids.]

Total number of days attending 12-step meetings 26. _____
[Enter 0 if none.]

Other Activities

[Do not enter activity days on the calendar unless they appear to be of value for recalling drinking]

"How many days have you been paid for working during this period?" 27. _____ Work

"How many days have you been in school or training during this period?" 28. _____ Education

"On how many days during this time did you attend a worship service or other religious celebration?" 29. _____ Religious Attendance

Medications

"During this period, on how many days did you take any medications prescribed by a physician?"

[Do not enter medication days on the calendar unless they appear to be of memory value.]

To treat a medical problem 30. _____
Specify medication: _____

To prevent you from drinking (antidipsotropic only) 31. _____

To help you detoxify/come off drugs or alcohol 32. _____
Specify medication: _____

To help you stabilize or change your use of drugs

Maintaining/stabilizing drugs (e.g., methadone) 33. _____
Specify medication: _____

Drug antagonists/blockers 34. _____
Specify medication: _____

For psychological or emotional problems 35. _____
Specify medication: _____

Drug Assessment

Periods of Abstinence

"Now I'd like to ask you about your drug use during this period. The things already recorded on the calendar here may help you to remember better. I'm not asking here about drugs that were prescribed for you for medical problems, like antibiotics or stomach or blood pressure medicine. I'm asking about drugs not prescribed for you, although I do want to know about any medication prescribed for pain or to help you relax or sleep. I will also ask you about your use of alcohol. First of all, were there any periods of days during this time when you used no drugs (including alcohol) at all?"

[Mark all abstinent days with a capital "A" on calendar.]

Date of first drug use during period — 36. ____/____/____
Drug:_____

Date of last drug use during period — 37. ____/____/____
Drug:_____

Card Sort

"Now I'd like you to sort these cards, to say which kinds of drugs you have used at least once during this period. If you used the drug at least once during this time, put it in a pile here (indicate position and use marker card), and if you never used it at all during this period, put it on the other pile here (indicate position and use marker card)."

[For each NO card in this sort, print a zero (0) under "Used in this period" on the use pattern grid on the next page. For the remainder, proceed with the calendar instructions.]

Use Pattern Grid

Drug classes		Total days used	Use*			Oral ingestion	Smoke	Nasal inhale	Needle	Other
			1	2	3					
Alcohol	al						—	—	—	
Nicotine	to								—	
Cannabis	ma								—	
Sedatives	tr						—	—		
Hypnotics	do						—	—		
Steroids	sd						—	—		
Amphetamines	up									
Cocaine	co									
Hallucinogens	ha									
Inhaled Toxicants	in									
Opiates	op					—	—		—	
Other Drugs	xx									
Totals	12									

*Use categories:
1 = Single use, 2 = Several uses, 3 = Steady or heavier use

[After the calendar has been completed, continue to enter the following data in the use pattern grid.]

[Enter days of each type of use. 1+2+3 must equal total days used.]

[Enter days of each route of administration. These must total to at least the number of days of use, but total may be higher if multiple routes of administration were used on the same day.]

[If “other” route of administration, specify drug(s) and route here:_____]

"Now I'd like to ask you about each of the drugs that you have used during this period. I'd want to get an idea of what your pattern of use was during this period of time for each of these drugs. We'll use this calendar to make it easier. Let's start with _____. When were you using _____ during this period?"

[Proceed drug by drug, entering drug codes for each day of use. For a day on which alcohol, cannabis, and cocaine were used, for example, three codes would be entered into the box for that day: al, ma, co. Using different colored pencils for different drugs can be helpful.]

[Using the calendar, carefully count the total number of days of use during the assessment period for each drug class, and put this information on the use pattern grid.]

"Now I'm going to go back through these drugs once again and ask you two more questions about each. For each one, I will tell you the total number of days that you said you used the drug during this period, and I will want to know how many of those days you think fell into each of these three categories."

[Show client categories for days of use.]

"According to the calendar we did, you used _____ on a total of _____ days during this period. Help me divide those days up among these three categories. On how many of those _____ days would you say that you used _____ only once? How many of those days did your use fall in between? And that would mean that on _____ days your use of _____ fell in this third category—does that seem right? And how did you give yourself (take) _____ during this period of time we have been talking about? Any other way?"

[If more than one route of administration for a drug class, ask:]

"According to the calendar we did, you used _____ on a total of _____ days during this period. On how many of those _____ days would you say that you gave yourself [drug] by [route]?"

[Repeat for each drug class. Be sure you have accounted for all days of use. The total across routes of administration should be at least the same as the number of days of use, although the total may be higher if multiple routes are used on the same day.]

[Fill in the information on the use pattern grid. Be sure 1+2+3 totals to the number of days of use.]

[When you have completed the calendar for all drug classes used, show the client the confidence scale and ask:]

"Now I'd like you to tell me, using this line, how confident you feel about the information you've given me about your drug use. How accurate do you think you have been in estimating your drug use on this calendar? I'm not asking if you got each drug on the exact days you used it. But overall, how accurate is this calendar in showing how much you used drugs during this period?"

5	4	3	2	1
Very Accurate		**Fairly Accurate**		**Not at all Accurate**

Form 90 Drug Card Sort

Copy this sheet onto card stock and cut out cards

Form 90 **Drug Card Sort**	**OTHER DRUGS** **Designer Drugs** **Amyl/Butyl Nitrates (poppers)** **Nitrous Oxide (laughing gas)** **Over-the-counter remedies like** **Dextromethorphan (DM) etc.** 11
Yes **Drugs I have used at least once**	**No** **Drugs I have not used**
NICOTINE **Tobacco cigarettes** **Snuff (dip)** **Chewing tobacco** **Nicotine patch or gum** 1	**CANNABIS** **Marijuana (pot)** **Hashish** 2
SEDATIVES **Librium, Valium** **Ativan, Serax** **Xanax, etc.** 3	**HYPNOTICS (Downers)** **Quaalude (ludes)** **Barbiturates** **Seconal (reds)** **Amytal (blues)** **Nembutal (yellow jackets), etc.** 4

STEROIDS 5	**AMPHETAMINES** **(Uppers)** **Amphetamine (Speed)** **Methamphetamine** **Dexedrine, Benzedrine** **Ritalin, Ice, etc.** 6
COCAINE **Freebase** **Crack** **Powder** **Paste, etc.** 7	**HALLUCINOGENS** **LSD (Acid)** **Mescaline (Peyote)** **PCP (Angel Dust)** **Morning Glory Seeds** **MDMA (Ecstasy)** **Mushrooms, etc.** 8
INHALED TOXICANTS **Aerosol Sprays** **Glue** **Paint** **Gasoline, etc.** 9	**OPIATES** **Heroin, Morphine** **Opium, Methadone** **Percodan, Demerol** **Codeine, etc.** 10

Use the following card for Form 90–D only.

ALCOHOL **Beer, Wine** **Liquor, etc.** 0

Treatment Experiences Questionnaire

The Treatment Experiences Questionnaire is to be filled out by individuals who have had additional outpatient, partial hospitalization, or residential treatment for alcohol/drug problems. This Project MATCH version contains four scales:

Twelve-step facilitation treatment elements	1, 5, 8, 13, 20
Cognitive-behavioral treatment elements	2, 4, 9, 11, 14
Motivational enhancement treatment elements	7, 10, 12, 15, 19
General treatment characteristics	3, 6, 16, 17, 18, 21

There are five items corresponding to each of the three unique treatments evaluated in Project MATCH (1993). Scores on these items can be summed to yield scales corresponding to the three treatments. The remaining six items describe general characteristics of additional treatment received and do not sum to a meaningful score.

Treatment Experiences Questionnaire

Please describe the treatment you received during this calendar period for alcohol/drug problems. Circle YES or NO for every item.

Did any counselor, doctor, or other therapist who treated you during this time:

1.	Encourage you to attend 12-step (AA, NA, ACoA) meetings?	Yes	No
2.	Help you think about "high risk" situations in which you are in danger of relapsing?	Yes	No
3.	See you and your husband/wife/partner together?	Yes	No
4.	Help you practice how to refuse drinks or drugs?	Yes	No
5.	Encourage you to make changes in your life (like healthy diet, exercise, hobbies, getting enough rest) to help you stay sober?	Yes	No
6.	See you for more than five sessions?	Yes	No
7.	Leave it up to you whether or not you drink or use drugs?	Yes	No
8.	Encourage you to use the Twelve Steps?	Yes	No
9.	Have you keep a diary of your urges?	Yes	No
10.	Give you personal feedback based on test results?	Yes	No
11.	Help you learn new skills to deal with depression, anger, or other negative moods?	Yes	No
12.	Encourage you to make your own decisions about what to do about your drinking or drug use?	Yes	No
13.	Give you 12-step literature to read?	Yes	No
14.	Help you plan how to handle a relapse, in case it happens?	Yes	No
15.	Emphasize that it is your responsibility to decide whether and how to change your alcohol/drug use?	Yes	No
16.	See you for personal, individual sessions with no one else in the room?	Yes	No
17.	Tell you that you are an alcoholic or addict, who can never drink or use drugs again?	Yes	No
18.	Have you participate in group therapy?	Yes	No

19.	Help you think about the positives and the negatives about your drinking or drug use?	Yes	No
20.	Encourage you to use AA tools (such as getting a sponsor, remembering AA slogans, and associating with AA/NA friends) to deal with urges and problems?	Yes	No
21.	Did you participate in any treatment program designed especially for a particular group of people — for example, women only, men only, Hispanics only?	Yes	No

If you answered YES, what group was the program designed for? _____

Sample Letter to Collaterals (in advance of Form 90–ACS interview)

Dear _____:

We are conducting a research program designed to develop new methods for treating people who have problems with alcohol. Our most important goal is to determine the effectiveness of the treatment approaches we are using. We are asking for your help in improving the work we do.

_____ is participating in our study, which includes a very thorough evaluation both before and after the program. As one part of this evaluation, we ask all participants for the name of someone whom they trust, who knows them well, and who is in fairly close contact with them on a regular basis. We then call this person to ask some questions about our participant's drinking and other behaviors. _____ has given us your name as a trusted person who could answer these questions for us.

Within the next week or so you will be receiving a telephone call from a member of our staff. The purpose of this call is for us to get a clearer understanding of _____'s situation and drinking pattern. Your help is very important and will be greatly appreciated.

We want you to understand several things before you receive this call:

1. We will be calling you with _____'s full knowledge and written permission. There is nothing secret about the fact that we are calling you. You can feel free to discuss it with_____ if you wish.

2. All information that you provide to us will be kept in strict confidence, and will not be shared with _____.

3. Because of our policy of strict confidentiality, we will not be able to tell you anything about _____'s progress in treatment or participation in our study.

4. It is important that the information you give us be as accurate as possible. We would rather have no information than have inaccurate or misleading information. We depend upon honesty to draw the most accurate conclusions from our study, which will be used to help many other people. Your accurate information can help our research and in this way benefit the lives of many others who will be treated in the future.

We greatly appreciate your assistance with our work.

[signature]